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ABSTRACT

The report contains summaries of 176 pilot projects demonstrating new and innovative approaches for training mental health personnel. Projects were conducted under grants awarded by the Experimental and Special Training Branch of the Division of Manpower and Training Programs, National Institute of Mental Health. The projects have been developed in both academic and nonacademic settings for training professional and paraprofessional personnel in the areas of service, teaching, research, and prevention. Summaries are arranged according to specific training categories: Mental Health Workers (Associate Degree); Mental Health Workers (Baccalaureate Level); Mental Health Workers (Nondegree Related); Early Child Care Personnel; Child Care Personnel; Nursery School Teachers (for Emotionally Disturbed Children); Teachers for Emotionally Disturbed Children; Mental Health Training for Teachers; School Consultants; Adolescence and Youth; Educational Administrators; Administrative, Consultative, and Leadership Personnel; Recruitment for Professions; Health and Mental Health Professional Personnel; Research Personnel and Statisticians; Environmental Design and Architecture Personnel; Community Agency Personnel; Specialists in Marriage and Family Counseling; Volunteers and Citizen Participation; Hospital Personnel; Adjunctive Therapists; Mental Health Communications Specialists and Media Development; Clergy; Lawyers and Judges; Personnel in Crime and Delinquency; Alcholism and Drug Abuse Personnel; and Mental Retardation Personnel. A subject index and index of graduate institutions is included. (EA)

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ED113522

EXPLORATIONS IN MENTAL HEALTH TRAINING

PROJECT SUMMARIES

Edited by
Ralph Simon, Ph.D.
Sam Silverstein, Ph.D.
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Experimental and Special Training Branch
Division of Manpower and Training Programs

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FOREWORD

The explorations in mental health training described in this volume demonstrate the resourcefulness of training institutions throughout the country and the pioneering endeavors of the Division of Manpower and Training Programs, Experimental and Special Training Branch. These innovative training projects have not only expanded the manpower resources available to a broad range of mental health services, but have opened up new fields of training.

In less than a decade, this small but significant research and demonstration program has repeatedly proven the soundness of concentrating short-term seed funding on focused experimental training efforts. The benefits to the public have multiplied as the training models have been adapted or replicated many times over with other than Federal funds.

The broad range of projects supported illustrates the effective focus on specific areas of need, such as training programs for school personnel and child care specialists. The impact of these programs on school systems in many sections of the country is already well-recognized.

Successful linking of training programs to service needs is further demonstrated in areas such as those seriously underserved populations in disadvantaged communities, where members are being trained for mental health service roles in their own communities.

In addition to its focus on meeting the particular needs of diverse segments of our population, the NIMH's Experimental and Special Training Grant Program has provided a major impetus to the development and expansion of the mental health worker movement, a significant national manpower trend in recent years. Establishment of mental health training programs for paraprofessionals and allied mental health workers within 2-year community colleges has led to a new manpower resource for a wide variety of mental health services.

Since 1965, when the Institute provided support for the first experimental pilot program to train associate degree mental health workers, the number of 2-year college programs in the United States has increased to over 150, more than double the 60 programs funded by the NIMH. This clearly documents that seed money for programs that prove their worth will generate private and public funding for continuation and further development of such programs.

The Experimental and Special Training Grant Program, which began as a small Pilot Project Section in the 1950s and attained Branch status in the 1960s, now serves as a major resource in our manpower development efforts. It continues to explore and test demonstration programs for training new types of mental health personnel, supplementary and redirected training for existing manpower pools, and training for persons whose roles or functions may be related to mental health. And it is expanding the scope of its activities to explore such areas as cost effectiveness, cost benefits, task analysis, and patterns of manpower utilization and distribution.

From the reports of explorations now in progress, it is evident that there are no boundaries to methods of mental health training and that we will continue to find new ways to help improve the delivery of mental health services to all people in all parts of our Nation.

BERTRAM S. BROWN, M.D.
Director
National Institute of Mental Health

PREFACE

This report contains summaries of training projects, both ongoing and completed, conducted under grants awarded by the Experimental and Special Training Branch of the Division of Manpower and Training Programs, National Institute of Mental Health. These projects demonstrate many new approaches for training mental health personnel.

Experimental and Special Training projects have been developed in both academic and non-academic settings to train professional and paraprofessional personnel for a variety of functions including service, teaching, research, and prevention in the field of mental health.

The projects are designed to be new, unique, and innovative investigations of unexplored areas of training. The objective of each pilot project is to serve as an experiment in developing and testing out a model of some phase of mental health training which can be replicated by other institutions. Support, therefore, is limited to projects which will make a maximum contribution to knowledge about mental health training.

Programs also have been designed to increase the potential mental health manpower pool by training new types of mental health personnel, such as mental health technicians and mental health administrators.

Grants made to eligible training settings have been for the following types of experimental projects:

1. The development of training programs for new types of mental health personnel.
2. The development of training programs for persons whose roles or functions may be related to mental health.

   Training programs designed to equip persons from fields other than the basic mental health disciplines to utilize mental health content and skills as an integral part of their functions have been supported.
3. The development of new and experimental methods of training.

   These projects, designed to improve training procedures, may be interdisciplinary or within any single mental health or allied discipline. Projects concerned with the application of new educational technology to mental health training have been supported.

The summaries presented here represent the status of activity as of the spring of 1974. For the most part, the summaries were prepared by the training project directors and have been minimally edited by NIMH staff. The reports are arranged, for convenience, according to specific training categories as indicated in the Table of Contents, and the material is indexed. General categories which characterize most of the experimental training projects, such as community mental health, services to underserved or at-risk populations, and mental health of minority groups are not included in the index. These characteristics are evident in the summary reports on training projects in virtually all areas.

The span of years for which support was awarded by the Experimental and Special Training Branch (or its predecessor, the Pilot Projects Section) is indicated for each project. Some of the grants were ultimately transferred to more recently created units of the NIMH whose functions cover the substantive area of the projects. Such grants are marked with an asterisk. Some of the transferred projects have been renewed by these units after the ending date for support listed here.

In most cases, detailed publications and curriculum descriptions and materials, including videotapes, are available from the project directors. If these persons are no longer at the institution which originally received the grant, the most recent project contact and/or the last known current location of the former project director is indicated.

In instances where it was not possible to obtain a current summary prepared by the actual grantee, other resources were utilized, and appropriately noted.

Those pilot or experimental projects which deal exclusively with the training of "core" mental health personnel, i.e., psychologists, psychiatrists, psychiatric nurses and social workers, and which have been programmed by the discipline-based branches of the Division of Manpower and Training Programs, are not included in this compendium.

This report was prepared by staff of the Experimental and Special Training Branch, Division of Manpower and Training Programs, who have for a number of years had program responsibility for the projects reported herein.

We are indebted to the training project directors for their assistance in providing the basic information for their programs.

Credit for the initiation of these new ventures in the mental health field also is due, in large measure, to the imaginative persons who have served on the Experimental and Special Training Review Committee, contributing their perspective and wisdom to the process of selecting those applicants to be assisted in implementing their experiments.

We also would like to acknowledge the assistance provided by Dr. Robert S. Czeh and Dr. Elizabeth R. Smith in reviewing the material; and the assistance of Mrs. Esther Diamond, Mrs. Kate Krupen, and Mrs. Bonnie Zevin in handling a multitude of details associated with the acquisition and processing of the contributed material.

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Note on Chapter Structure

The summaries contained within each topical chapter are arranged for the most part according to time of initiation of the project, with the most recently awarded grants described first and the earliest grants last. This arrangement conveniently provides the reader with ready access to the most recent developments first. In many cases the concepts and approaches in the earlier projects, which were innovations in their time, are now replicated and disseminated sufficiently to be familiar to many readers interested in what is new on the mental health training scene today.

Key to Symbols

* Grant transferred to another unit of NIMH
** Summary prepared by staff
*** Summary presented as published in previous edition

1

MENTAL HEALTH WORKERS (ASSOCIATE DEGREE)

Faculty Development for Mental Health Worker (Associate Degree) Training

Mr. Capers Brazzell
Southern Regional Education Board
130 Sixth Street
Atlanta, Georgia 30313
**MH-13537 1973–1975

This project is designed to improve the competence of faculty persons in community college mental health worker training programs through short-term training workshops and task-oriented working conferences. It will aim at (1) new faculty persons, to orient them to the concepts, value systems of higher education, adult learning and teaching methods, etc.; (2) established faculty, to increase their competence in field learning, experiential learning, student evaluation, etc.; (3) program directors, to help them with program and curriculum development and evaluation, community relations, etc.; and (4) college administrators, to help them understand and support these programs, which are different from most college offerings.

An Advisory Committee will oversee operation of the program. Members will be drawn so as to assure adequate representation of needs and ideas on a national level. The 12-person membership will include faculty persons, graduates of and students in AA programs, a college administrator, a mental health agency administrator, an expert in adult education, an expert in health education, and a representative from the American Association of Junior Colleges.

The conference and workshop participants will be drawn from all regions and cultural groups in the Nation, selected on a proportional representation basis. Types of participants might be program directors, faculty, graduates, students, college administrators, and other interested persons depending on the nature of the particular workshop. All conferences will be strongly oriented to active participation of all attendees and, whenever possible, to achievement of some specified task or tasks. Sessions will be held in settings which maximize the learning orientation and minimize the distractions. Special efforts will be made to include minority groups issues and concerns. Special stress in all conferences will be given to the change agent role of participants—faculty members, members of the established mental health professions, and community college administrators—and to the skills required for successful change agentry.

Research on the Training and Utilization of Mental Health Workers

Dr. John True
Center for Human Services Research
Department of Psychiatry and Behavioral
Sciences
Phipps West 1—Room 113
The Johns Hopkins University
601 North Broadway
Baltimore, Md. 21205
MH-12741 1971-1976

The primary aims of this project are to evaluate the effectiveness of educational programs designed to train associate degree mental health workers and to investigate the utilization and impact of this kind of worker on the field of mental health.

The first associate degree program began training students in 1966. Since that time many other programs have been started in colleges throughout the country. Sixty of the 150 known programs have received financial support from NIMH either in the form of funds to help begin such a program or to aid in the development of programs already started by the college. With the rapid growth of programs and NIMH's support of a number of these efforts, the need to document and evaluate this movement became apparent. The Center for Human Services Research (CHSR) was established at the Johns Hopkins University Department of Psychiatry and Behavioral Sciences in 1971 to meet this need. Supported by a 5-year grant, CHSR is involved in carrying out a series of survey and onsite research projects designed to clarify the scope and effects of this movement. In addition to the publication of completed research projects it was anticipated that the results would be valuable to program directors and others involved in the development of the use of paraprofessionals in mental health if they were fed back rapidly to the field. Thus CHSR has aimed at providing feedback of research findings to the field as part of its information exchange function.

An initial survey of programs throughout the country was completed in 1972 to determine how many programs were in operation and what their basic characteristics were. A total of 150 Mental Health/Human Service programs were identified. These programs had graduated 2,700 workers and it was projected that the number of graduates would rise to more than 17,000 by 1976. The names of these programs were diverse suggesting a considerable degree of heterogeneity. Further program surveys of a more detailed nature are being carried out to clarify the degree of heterogeneity and to look at other program variables more closely.

The raw data from the initial program survey were compiled and published in notebook form in the spring of 1972 under the title *A National Survey of Associate Degree Programs in Mental Health: Summary Data and Program Descriptions*. This publication was made available to all participating program directors and a few interested others. Thus program directors were able to locate other programs similar in nature to their own and to have detailed listings of relevant data such as the number and types of students involved, problem areas encountered by the program, and the like.

A survey of all students enrolled in associate degree mental health programs was carried out in the spring and summer of 1972. Forty-eight of 103 college programs returned completed questionnaires for their students. These students tended to be older than the average (56 percent over 21 years of age). Seventy-six percent were female.

Thirty percent of first year students and 19 percent of second year students were drawn from minority groups. Students learned about the programs from one of a number of sources with the school catalog, school counselors, and students enrolled in the program being the three primary categories. The three most important factors influencing students decisions to enter the program were: (1) desire to be a "people helper"; (2) a chance to work in the mental health field; and (3) previous work experience. Students tended to be strongly interested in becoming mental health workers and were therefore planning to continue in the mental health program. Fewer second year students planned to be employed upon graduation than did first year students. This may be the result of their being more aware of the tight job market.

Students saw a number of human service settings as providing relevant employment possibilities with community mental health centers, schools, social service agencies, mental retardation centers and State hospitals being selected as preferred locations for employment in that order. A majority (78 percent) anticipated that they would continue their education beyond the associate degree within 5 years of the time of the study.

An exploratory study of seven mature programs was carried out in late 1971 to obtain first-hand information from graduates, their supervisors and co-workers, along with students, faculty and college administrators. The purpose of this study was to determine (1) the state of these programs and (2) the work activities and success of their graduates. The results indicated that these programs were healthy and were considered viable in the future even without grant support. Graduates interviewed (N=21) were all performing well in both traditional and innovative job roles. A number of common problems were identified including too few jobs for graduates, inadequate career ladders, and too little supervision for new graduates.

In the spring and summer of 1972 a major study was conducted in which a 20 percent random sample of all graduates were interviewed along with their supervisors. Seventy-seven percent of these graduates were working in mental health or human service settings. Only 6 percent of those graduates desiring employment in the human services were unemployed. Ten percent were employed in a nonhuman services capacity, largely due to a shortage of human services jobs. Overall, they are performing almost the entire range of professional human service activities. Supervisors agreed rather closely with graduates as to the nature of their work activities and rated them as performing these activities in a successful manner.

CHSR has maintained an ongoing working relationship with the Southern Regional Education Board and the Western Interstate Commission for Higher Education, both of which have projects to stimulate the development of associate degree mental health worker programs. Numerous requests for information from colleges and mental health facilities have been met.

The results of the research efforts to date suggest that colleges can educate a person in 2 years to make a substantial contribution to the delivery of mental health services. If this movement is to be successful, the job market for graduates must be expanded. Considerable work remains to be done in in the development of new job models for such workers so that their training is maximized and so that they can fill the gaps in the current delivery system. Most States still do not have clearly articulated career ladders which provide for long-range career advancement of this level of worker. In addition, most of the hiring mental health agencies need to work out better programs for inservice education and supervision of these workers.

Manpower—Community Colleges—the Mental Health Worker

Mr. Richard Martinez [1]
Western Interstate Commission for Higher Education
P.O. Drawer P
Boulder, Colorado 80302
**MH-12151 1970–1973

The WICHE Community College Mental Health Worker Program was designed to provide assistance in the development and coordination of associate degree human service training programs in the West. The purpose of the program was to aid in the development and direction of community college mental health worker programs with some emphasis on employment of graduates, rural manpower needs, and the recruitment of Chicanos and American Indians into these programs. More specifically, the objectives were (1) to assess the current development and directions of community college programs for mental health workers; (2) to determine employment opportunities and appropriate roles for graduates; (3) to encourage the development of related mental health worker programs in community colleges; (4) to encourage the expansion of career opportunities in agencies and institutions; and (5) to aid in the recruitment of students from Chicano and American Indian populations, particularly in the rural areas.

---

[1] For current information, contact Dr. Robert Stubblefield at WICHE.

To assess the current development of community college programs, a number of questionnaire surveys were conducted of community colleges in the WICHE region. As information became available from these surveys, the program began to function as an information center for programs currently in progress and for colleges which showed interest in developing mental health worker programs. Continuing programs were provided with material which would aid them in the areas of curriculum development and evaluation. With the identification of resources, the implementation of conferences and workshops became feasible.

The first conference engaged in by the project was on "Mental Health Issues Among Indians of the Southwest." It included 19 tribes in five States, and was held in February 1971 in Albuquerque. The conference participants learned about community college mental health worker programs in the WICHE region and focused on the role of the Indian mental health worker. WICHE was able to determine the extent of training and development needs and principles pertinent to the American Indian in the Southwest. This conference and certain publicity activities made the project more visible to many interested institutions and individuals. This aided in planning for the development of other conferences to aid interested persons in identifying resources for the success of such conferences.

Meetings and conferences were held in several States, and sometimes with the Civil Service Commissions of those States. In general, the objectives were to present the historical beginnings and trends of mental health worker training programs to representatives of community colleges and mental health agencies in the various States and to gain further information on the needs for and settings in which services would be delivered. The meetings and conferences also dealt with agency utilization of mental health workers, career ladders, and program development—including preplanning for programs, use of present resources, innovation in courses and course content, and curriculum development. The conferences aided the developers of programs in making contact with resources which would be necessary for success.

A regional conference was held in June 1971 in San Diego which brought together selected participants from community colleges in Arizona, California, Colorado, and New Mexico. A major focus of this conference was the development and integration of curriculum content relating to Chicanos and Indians.

Throughout the development and implementation of all conferences, there has been very close cooperation with the Southern Regional Education Board (SREB) Community College Mental Health Worker Program. In the principal areas of training and career ladder development, consultants of the SREB project were used by the WICHE effort. Because of the peculiar needs of the rural West, the areas of utilization in curriculum development were developed with expertise from areas in the West. The participants and trainees at these conferences were community college faculty and mental health agency administrators; in addition, personnel administrators were involved whenever possible. Materials from these conferences were edited and assembled for a publication which was disseminated throughout the WICHE region, *Community College Mental Health Worker Program—A Reference Resource.* The publication reflected many of the resources that were used by this project. The publication is designed to be helpful to others in determining the appropriate roles of mental health workers in communities and institutions and in developing career ladders to enhance the functioning of mental health worker manpower. The conferences themselves provided a forum for exchange of information, attitudes, and approaches with regard to training and utilization of mental health workers.

The most significant effort of this project was developed at the beginning of 1972. Personnel managers met in a series of workshops in a sustained effort in the planning of career ladders for mental health worker graduates. Simultaneously, thirteen directors of mental health worker programs from throughout the WICHE region met to discuss faculty issues and training issues in employment. The groups were then brought together to discuss such issues as utilization of mental health workers, career development, and training. Participants learned how to perform functional job analysis—task analysis, development of criteria for job selection, development of training designs, design of career ladders, writing of job descriptions, and preparation of guidelines for relevant academic courses.

By the time the two groups were brought together, all participants were sufficiently versed in the subject to be able to speak the same language. They were able to talk as a group about curriculum and its relationship to career opportunities. Up to the time of this final conference, there had been very little preparation with regard to career development. Indeed, there had been very little preparation for receiving associate degree manpower after training. While functional job analysis, in and of itself, may not be the ultimate answer, it has been shown that it can be an effective tool in manpower development and utilization.

Promotion of Community College Mental Health Workers

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MH–10879 1968–1973

This project of the Southern Regional Education Board is concerned with assisting the community colleges and the mental health agencies of the South to establish mental health technology programs at the Associate of Arts level and to introduce and make the best use of the graduates of these programs as workers in the mental health agencies. Limited originally to testing the feasibility of training mental health workers at this level and to determining appropriate role models for the graduates, the project has moved considerably beyond that point to the broader objective of helping establish mental health technicians as a socially significant force in the mental health manpower field.

This project is not a direct training program in the usual sense. Rather it is a manpower project concerned with training, introduction, and utilization of these new workers. On the one hand the project works with the mental health program directors and faculty of community college training programs to help with program and curriculum development. On the other hand it works with mental health agency leaders, personnel officers, and professional staff to establish job descriptions, career ladders, salary schedules, and models for introducing and using these new workers in the mental health agencies.

The students of the college training programs in mental health technology are largely (1) recent high school graduates, (2) middle-aged people preparing for a second career, and (3) psychiatric aides seeking to improve their performance and salaries. The college program directors and faculty are almost all mental health professionals from the various disciplines—psychiatric nursing, psychology, social work and counseling.

The facilities that have participated in this project of the Southern Regional Education Board have been the mental health program administrators of about 40 community colleges in the South. An additional 50 or so college program directors from elsewhere in the Nation have participated in the two major faculty development conferences. The State mental health and mental retardation program directors and personnel officers of 10 States in the South and several of the

State mental hospital officials and community mental health center officials from those States have also been frequent participants. Many graduates of mental health technology programs have also been involved.

Most of the college programs are 2-year programs with a mix of (1) general studies, (2) social sciences, (3) mental health technology courses, and (4) field experience. Information has been collected about the various curricular offerings and their objectives and rationales. Training methods vary but most programs include the use of group process, sensitivity training, and practicum and field training which is generally carried out along with classroom learning. Some programs include videotape playbacks and simulations. Two publications of the project, *Roles and Functions for Mental Health Workers* and *Plans for Teaching Mental Health Workers* have offered a rationale and guidelines for setting curricular objectives and for teaching methodologies.

The role model that was evolved from a mental health manpower symposium and published in *Roles and Functions for Mental Health Workers* is that of the generalist—that is, a person who is primarily assigned to a small group of clients or a neighborhood to help them meet all of their mental health needs, doing whatever he can himself and calling for consultation or referring to a specialist only when necessary. Surveys show that about half of the graduates are employed as generalists. The other half are mostly working as aides to one or another of the established mental health professions.

There have been delays in establishing large numbers of job openings at satisfactory salary levels in many State mental health programs. So far virtually all of the graduates who have sought employment have found jobs, but more work needs to be done to establish satisfactory jobs and career systems for the larger numbers of graduates who will be produced by these programs in the future. Many graduates have been employed in other kinds of agencies (e.g., schools, courts, and nursing homes) where they do the kind of work for which they were trained. Probably many more jobs can be developed in such settings.

This project has attempted to define and develop a new kind of middle-level worker in the mental health manpower system. It has tried to develop a degree of consistency and acceptance for these workers throughout the region.

When this project began there were only 5 community colleges with mental health technology programs in the South. Today there are 50 with several others in the planning stages. Most have participated in the conferences, surveys and consultations and studies of the SREB project or used its materials. Across the Nation nearly 100 other colleges have used the publications. Nearly all colleges are training for the generalist model. Several States and community mental health centers now have job descriptions and sometimes career ladders for these graduates. Also the VA hospital system and the Joint Commission on the Accreditation of Hospitals recognize mental health technicians. A surprising number of these agencies use the workers as generalists rather than as assistants to one of the established professions. There has come into being the National Organization of Human Service Workers to give these people a professional identity and some graduates are seeking a certification mechanism.

About 200 graduates of these programs are employed in the South in mental hospitals, schools for the mentally retarded, community mental health centers, special education classes for the retarded, in school counseling services, in schools for the blind and deaf, in nursing homes and in related fields. They do individual counseling, behavior modification, group therapy, teaching, community outreach and placement, aftercare, intake, community education and organization. In Florida, Alabama, and Maryland graduates are involved at the faculty or field level in training other students.

Seven thousand copies of *Roles and Functions for Mental Health Workers* have been distributed throughout the Nation, and 1,500 more copies are being reprinted. Nearly 2,000 copies of *Plans for Teaching Mental Health Workers* have been distributed. Other publications were the 1969 and 1970 *Status Reports* and articles in the *Journal of Community Mental Health* and the *Journal of Hospital and Community Psychiatry*. Consultation visits have been made to virtually all of the States in the South and to at least 6 outside the region. Workshops and presentations have been given at the American Psychological Association, the National Association of Social Workers meetings, the Southeastern Association on Mental Deficiency and the National Association for Mental Health. Recently materials describing the use and introduction of these workers have been sent to all State mental hospitals, schools for the retarded, community mental health centers and major alcohol and drug abuse control programs in the South.

An evaluation component has kept data on the growth of programs and the job success and activities of graduates and has surveyed graduates and supervisors regarding their activities and problems. There are still problems in some areas in getting acceptance of mental health technicians by the established professionals and agencies. Some places have not yet established jobs with appropriate salaries so that some of the more recent graduates have found difficulty in finding employment. Still, more than 60 percent of the June 1972 graduates in the South had found employment by October, 1972. Some of the others had dropped out of the labor market for marriage or further education.

Two-Year Program for the Training of Mental Health Workers

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***MH-10281 1966–1970

The original objectives as described in the grant proposal were to develop and evaluate a 2-year university-based program for the training of midlevel mental health workers. The intent was to educate generalist mental health manpower—individuals with a core of liberal arts courses and specialized courses and field experiences related to mental retardation, emotional disturbance, and the field of social welfare. It was anticipated that this type of manpower would perform frontline or direct-patient job duties.

While the basic objectives have remained consistent, refinements and modifications have occurred. The concept of the generalist has been broadened to include community and helping services beyond what has traditionally been included in the mental health establishment (e.g., corrections work, OEO programs, work with the physically handicapped and aging, speech and hearing therapy, etc.). The job model has been expanded to encompass liaison or coordination functions among professionals, aides, attendants and different agencies. The current objectives are to provide behaviorally oriented liberal arts courses, specialized mental health courses and field experiences, and to develop or enhance positive attitudes and skills in the therapeutic interaction. Fifty-four students have graduated from the program and have been awarded the associate of applied science degree. The program began July 1965, and the first class of students entered in September 1966.

The majority of students are females; predominantly recent high school graduates with the remainder being older married housewives. Disadvantaged students have participated in the program. To date, there have been two males in each class on the average. The class scheduled to begin September 1970 will have a higher proportion of males. The students range in age from 17 to 51. Academically they are comparable to other university students.

Purdue University, Fort Wayne Campus, is the primary training facility. Several mental health settings have cooperated with the university by providing practicum settings and supervision.

The present curriculum may be divided into two broad areas—general college courses and specialized courses in mental health. Students earn 15 credits in psychology, including Elementary Psychology, Child Psychology, Social Psychology, Abnormal Psychology and the Psychology of the Exceptional Child. Six credits are earned in sociology—an introductory course and a course in social problems. Other courses include 3 hours of English, a 6-hour Biology of Man sequence, and a 3-hour elective.

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[1] Current information on this program can be obtained from Dr. Sherwin Kepes, Community Mental Health Training, Purdue University, 2101 East U.S. 30, Fort Wayne, Indiana 46805.

Four of the specialized courses offered in mental health are Introduction to Mental Health Activity Therapies, Learning Theory and Behavior Modification, and the Case Study Method. One course is offered each semester. Each has an associated practicum, and students spend 4 to 6 hours per week in actual interaction with clients. During the summer between the first and second years, students are enrolled in a 10-week summer practicum. This is a full-time paid position and these assignments are arranged so that the student can function insofar as possible as a potential mental health generalist functions.

Providing practicum experiences from the first semester is fairly innovative. Generally students in university settings do not have such experiences until later than the first 2 years.

Another innovative aspect of the program is a fairly heavy emphasis on the use of laboratory training methods developed by the National Training Laboratories. Prior to the start of classes in the fall, students, staff, and outside consultants spend 4½ days at a camp removed from the campus. The total experience is called a laboratory in human relations training. Students spend part of the time at the laboratory in sensitivity training groups. In addition to T-Groups, the laboratory includes sessions on areas such as nonverbal communication, decision making and the helping relationship. Laboratory training is then continued throughout the 2-year program. Formal credit is given in a sequence of courses entitled Group Dynamics (I, II, III, IV). The group dynamics sequence also includes focused training on enhancing interaction skills such as empathy, genuineness, and respect.

The general role model is that of mid-level mental health generalist. It was believed that graduates could find employment in institutions as members of milieu treatment teams, comprehensive community mental centers, day-care programs, outpatient services, outreach work programs, coordination activities among agencies, sheltered workshops, teacher or teacher assistants for emotionally disturbed and retarded children, corrections systems, and public school systems. Except for the area of corrections, graduates are currently employed in all of the above settings.

The Purdue program was the first 2-year mental health training program in the country. Since its inception, over 50 programs have begun or are in planning stages. This phenomenal growth, in part, reflects a growing recognition that the preprofessional mental health worker represents a viable strategy for improving the delivery of mental health services. In no small measure the Purdue program has been looked to by other developing programs.

Purdue's mental health program has had a significant impact on the local community. Several agencies have provided practicum placements and many have enlarged these placements to full-time paid positions. Agencies have developed outreach programs using graduates as the manpower core. A local State institution has hired several graduates to work as program coordinators.

Students formed a campus mental health association and a social club for reentering individuals. The adult division of the local mental health center has assumed administrative and financial responsibility for the club.

When the program began in 1965, no job specifications existed for mental health technicians. Largely through the efforts of program personnel and key agency people, the State recently passed a job classification for graduates of 2-year mental health training programs.

Nationally, the Purdue program is looked to as being the pioneering effort in creating a new vocation in the field of mental health.

Several programs have utilized the experiences of the Purdue program in various stages of planning and implementation. Many, for example, have structured their curriculum on the basic model of Purdue. Personnel from other programs have visited to observe the program in operation. Others, while not visiting the program, have communicated with the staff.

The research associate of the Purdue program has consulted with research staff at the Southern Regional Education Board in establishing a research design for the evaluation of programs in the Southern States. In addition, staff have and continue to serve on the advisory board of SREB.

Visits have been made by program staff to other programs such as Metropolitan College in Denver and the program in Daytona Beach.

Graduates have been employed in a variety of settings and perform various job functions. Among these are members of treatment teams in institutions for the emotionally disturbed; program coordinators, teachers, and behavior modification program implementors at a State institution for the retarded; outreach workers, intake interviewers, "supportive" therapists, and liaison workers at mental health clinics; mobility teachers for the blind; activity therapy personnel at nursing homes and geriatric institutions; backup therapists at speech and hearing clinics; community workers for public school systems; and social services workers at tuberculosis sanatoriums. One graduate was hired as the executive director of the local county mental health association. At an institution for the mentally retarded, some graduates are responsible for teaching behavior modification techniques to aides and attendants. Several graduates have supervised mental health students in their practicums. Movement upward in the system occurs primarily through increased responsibility and job enlargement.

One administrator feels that graduates have had a decided impact on the climate of his setting; there is more openness and effective communication among staff. Outreach work, program coordination, and liaison among agencies represent areas where new roles have been created primarily because of graduates' effectiveness and availability.

Few appropriate texts exist for the specialized mental health courses. Consequently, staff have prepared reading lists and written materials for various topics. For the group dynamics sequence, exercises are continually developed and used at Purdue and shared with other programs. For training in interaction skills, tape recordings have been developed and are played for students to listen to and evaluate.

Program staff have visited over 60 settings and workshops describing their experiences. Papers have been presented at several national, State, and local professional associations.

Seven articles have been published on various aspects of the program and the mid-level mental health worker. In addition, staff have corresponded with over 500 agencies or persons, and requests for information are continually made by individuals in the field.

A followup study of graduates indicated that supervisors are generally pleased with their performance; and, in the main, graduates are satisfied with their work. At the same time, there are problems or issues. One is the resistance from aides and attendants. This group, however, would most likely be resistant to most change. It is not simply that a new breed of workers is on the scene threatening to disrupt the institution. Resistance from professionals seems somewhat different. The climate and values where the graduates experience resistance tends to be one where roles are rigidly defined and the focus is "who does what" rather than the most effective delivery of services. Program staff, by serving as consultants to both graduates and other agency staff, can help in reducing resistance.

What happens after graduates take entry jobs is also an issue. Several graduates are continuing their education. In some cases, they have mixed feelings about school since they feel they must continue with their formal education if they are to advance. Continual effort needs to be directed towards creating career ladders.

Based on experiences with agency personnel and the wide range of job roles of graduates, it appears that the concept of the generalist is viable.

Purdue University has formally agreed to assume financial responsibility for the program after the grant terminates.

Associate Degree in Mental Health Technology

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MH–11008 1967–1975

This 2-year program, leading to an associate of science degree in mental health technology, is educating mental health generalists to provide quality care to people with problems in living, in a variety of agency settings where a high degree of interpersonal involvement is built into the treatment program. The development of job skills lies in the direction of a variety of therapeutic group techniques, interviewing skills, social-interaction facilitators, observation and communication skills, and working closely with other community-based agencies to facilitate and enhance the interpersonal and social growth of the client, his family and/or other significant members in his life. Process-oriented education, utilizing growth and encounter group work, is facilitated through a small class of students. Since the inception of this program 60 trainees have been admitted. Of these, 43 have graduated, and 85 percent are employed in mental health and related agencies. The majority of those unemployed are so by choice. The trainees included currently enrolled community college students, housewives, registered nurses, secretaries, recent high school graduates, and a few war veterans. Most were women and were white. While the majority of the traineees come from a 50–75 mile radius, there have been seven out-of-State students thus far, although many more have applied.

Practicum experience is provided at the Volusia County Community Mental Health Center, a Half-way Drug House; the Halifax Area Court Oriented Program for Alcoholics; Volusia House, a treatment facility under the aegis of the Florida State Division of Youth Services; Project Headstart; and a day-care treatment facility.

The curriculum is a balance of general college work and special mental health courses. The mental health courses, transferable to some upper-division college programs in Florida, emphasize social-interpersonal theory, communication theory, transactional theory and therapy, and group dynamics. The student earns 33 credits of supervised client-centered practice throughout the 2 years.

In 1971, the college employed two mental health technician graduates of the program whose primary function is to facilitate student growth and clinical learning through the use of student interaction growth groups and individual counseling. It appears essential that faculty of college mental health programs come from the ranks of mental health in order to develop a broad core of knowledge, skills, and attitudes relevant to these particular training programs.

In the 5 years of this program's existence, the impact on the community has taken several directions. While it appears that the job possibilities seem to be diminishing, the success of those graduates employed locally is becoming more known to other agencies whose personnel policies could include the employment of the "Rehabilitation Technician," since this classification was officially revised in 1970. The Division of Personnel and Retirement decided to establish this general classification for use by other divisions responsible to the Department of Health and Rehabilitative Services, such as Division of Drug Abuse, Division of Youth Services, Corrections, Division of Mental Retardation, Division of Mental Health, Vocational Rehabilitation, and others.

Secondly, the number of applicants for the program is steadily increasing. This places a further demand on the community college to continue a program which appears to have reached an impasse insofar as local employment is concerned. However, job opportunities in other areas of the State are excellent; many of the graduates are enjoying successful experiences in community mental health centers in other Florida cities.

Despite the fact that the initial target area for manpower utilization appeared to lean toward mental health centers primarily, employment of graduates has demonstrated that these workers are effective and are being employed in other health related and rehabilitative agencies such as blind centers, directors and group and individual counselors of drug and alcohol half-way houses, instructors in alcohol safety education, residential treatment camps for disturbed juveniles, directors of training centers for mentally retarded, recreation and art therapists in hospitals and outpatient clinics, and individual and group therapists in private practice with and under the supervision of a private psychiatrist. Many of the graduates are involved in the training and clinical supervision of aides and other mental health technician students here and in other areas. Many graduates had the opportunity to establish their own roles and functions since there were no job descriptions into which they had to "fit."

Since the inception of this program, staff has provided detailed information through correspondence and consultation to well over 100 colleges and technical schools regarding development, curriculum, educational philosophy and process, clinical training, progress, and problems. Further correspondence with these programs, now underway, seems to validate the conclusion that this program has served as a model in development of some of these newer programs. Informative materials, including published and unpublished papers, and papers prepared for professional meetings, both by project director and students who participated in panel discussions, were prepared especially for such dissemination. Recently, an entire issue of *Perspectives in Psychiatric Care* has been devoted to this Mental Health Technology program.

At this writing, the Daytona Beach Community College plans to continue with this curriculum after the termination of the NIMH grant.

Mental Health Technician Program

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MH–11176 1968–1970

This 2-year Associate in Applied Science program offers a curriculum stressing experiential training, continuous and parallel with academic work, to develop a "generalist" in mental health work. Training includes interpersonal group techniques in developing confidence, leadership, and insight. Emphasis is upon social-cultural aspects of human problems, humanistic, reality grounded relationships with clients, interviewing and counseling principles, creation of remotivating and therapeutic climates, concepts of hospital and community psychiatry, and casework principles as working concepts preparing the technician to perform in a wide range of settings. The essential role of graduates is that of a case manager in terms of a primary therapeutic and helping agent.

Candidacy requires high school graduation or equivalence and acceptance by Sinclair Community College and by a screening group within the program. Recruitment is not selective or limited. Enrollment reflects heterogeneity of age, race, and cultural-economic origins without special recruitment efforts. Male enrollment has not been representative however. The first class began in September 1967 and 106 students have been graduated. Thirty students will graduate in June 1973 with a similar projection for June 1974.

The 7 quarter curriculum has 52 credit hours of related courses and 51 of specific mental health and human services courses with over 800 hours of experiential practicum. First year courses are traditionally structured and offered on campus. Second year courses are clinical and taught in facilities at Dayton Mental Health Center. The Ohio Department of Mental Health and Mental Retardation provides facilities, employment of program-assigned practicum instructors, stipends for second year students, and scholarship grants. Based in mental health facilities, the instructional model progresses from classroom to structured laboratories to performance of patient services, with continuous feedback from instructor-supervisors. Major field work includes 20 hour per week practicum courses in each of

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the last 3 quarters. While based at Dayton Mental Health Center, most students spend one quarter at Dayton Children's Psychiatric Hospital. Students and trainers are integrated into unit teams and assume roles in activities programs, remotivation and behavior modification projects, individual relationship contacts, discussion and problem-oriented groups, intake interviews, release planning, followup, reporting, and reintegration of client into the community. During this practicum in State facilities, students also have quarterly, 8-hour-per-week placements in agencies such as community mental health centers and clinics, retardation programs, rehabilitation and corrections centers, and children's service programs. Reappraisal of content is ongoing. Through graduate and employer feedback, subject matter and experience are provided to develop pertinent new skills. Generally, specific skills are integrated into the program as microlabs or training modules.

The technician is seen as a client-centered generic worker with interdisciplinary skills, usually providing case manager services in consultation with specialist workers. This role has emerged from graduate experience and employment has been excellent in a wide range of settings throughout the State of Ohio in both State and community agencies. To this date, all graduates seeking employment have obtained jobs directly in mental health work.

Accomplishments are evaluated in part by the experiences of graduates. One hundred and six students have graduated. Eighty-three are now working directly in mental health settings in Ohio. Others are employed elsewhere or are furthering their education. Eight are not currently employed but all have had jobs in the field. Areas of employment include 7 State facilities and 10 community agencies. Included are State hospitals and retardation facilities for children and adults, community mental health centers and clinics, children's protective services, drug programs, senior citizens' and correctional rehabilitation centers. The majority have as their primary responsibilty some form of case management utilizing the interdisciplinary skills as noted above. Three of 10 unit chairmen at Dayton Mental Health Center are program graduates. Requests to employ technicians have increased yearly.

Good employment, however, may be less significant than other impacts of this and newer similar programs. Credit for changes cannot be taken solely by this program; but as the first in Ohio and by apparent success of graduates, it has had its effect. As a prototype in this State it provided a frame of reference for the now established State classification for Mental Health Technician I and II. It gave impetus to establishing 3 additional State-approved programs. By early introduction of the 2-year worker into the field, it contributed significantly to what now seems to be good acceptance of the technician in many human service areas. Agencies once limiting employment now give increasing responsibility to the technician.

Because of the structure of the supervised experiential training stressing the generalist role, this program served as the basis for video tape presentations throughout State institutions in workshops promoting concepts of continuity of care and community involvement. Instructors from this program are moderators for these presentations. These workshops serve as a forum for stimulating interest in the generalist approach and have opened many doors to graduates. Additional educational efforts include numerous responses to written inquiries and visits from personnel of new or proposed programs in the area.

The most significant educational development of this program is its philosophy rather than materials used. Learning by doing under the program's own instructors is the keynote in practicum. Students are taught interdisciplinary skills and are directed to organize them in a way that focuses upon the immediate needs of the client as a person, not as a sick individual. Experience has indicated that graduates then are able to transfer training very easily from one setting to another.

Essentially this program is quite secure and anticipates expansion beyond the average of 30 graduates per year largely due to employment requests. Funding from NIMH ended in 1970 but the College has accepted responsibility for continuance of the program. From the outset this program has enjoyed unique support from the State of Ohio as noted above—support that has continued to the present time.

Helping Service Training Program—Mental Health Option

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Metropolitan State College, Denver, Colorado, initiated a 2-year associate of applied science degree program to train mental health workers in the fall of 1967. NIMH support for the training aspects of the program began in January 1968 and continues through June 1971. At that time, it is expected that the State of Colorado will assume full responsibility for the program and it is hoped that it will assume partial responsibility for the program earlier than that date.

The development and implementation of this program is an example of a cooperative venture involving the college and a number of public and private agencies. When the program was initiated, only a few agencies and institutions were involved. At the present time, the list of agencies includes: Bethesda Hospital, Denver; Colorado Youth Center, Denver; Denver General Hospital, Denver; Denver Head Start Program, Denver; Federal Youth Center, Englewood; Fort Logan Mental Health Center, Denver; Golden Gate Youth Camp, Golden; Laradon Hall, Denver; Lookout Mountain School for Boys, Golden; Mount Airy Hospital, Denver; Mount View Girls' School, Morrison; State Home and Training School, Wheatridge; Veterans Administration Hospital, Denver; West Side Action Center, Denver.

Other public and private agencies have also expressed an interest in the program and will be participating actively in the future.

The curriculum that has been developed emphasizes the need for fulfilling the general academic requirements for the Associate of Applied Science degree, as well as the special emphasis needed for Mental Health Worker training. The latter includes substantial amounts of course work in Anatomy and Physiology, Psychology, and Sociology. In addition to these, there are specialized courses designed to give the student a broad overview of the nature of helping people with personal problems in a variety of kinds of agencies.

In this course sequence, students are given a gradually increasing exposure to agencies, their clients, and the professional staff that provides services within these agencies. As this exposure increases in intensity and duration throughout the program, it narrows in focus. That is, early in the program the students will have an introduction to the functions of many agencies. Later, each student will begin to concentrate on a smaller number of agencies having direct contact with their clients and professional staff. Finally, he will have an extensive field work placement over a period of months providing him with the necessary knowledge and orientation to become a full-time employee in a helping agency. Through this kind of exposure the student may discover where his talents will best be utilized.

The exposure and selection process built into the program is aimed at helping students to make the best possible selection of the specific area in which they will work, as well as aiding the agencies in selecting the best potential workers for their particular type of agency. Just as the agencies and the college have collaborated in the development of the training program, they are also collaborating in the development of a role description for the new professional. Now that the first graduates are in the field, all institutions involved are working diligently to describe the general characteristics of the mental health worker that are common to all institutions and special characteristics which are specific to a particular institution. Hopefully, this process will result in a uniform development of job specifications and salaries across all institutions.

As a part of the research design, the staff at the college will be looking very closely at the development of various roles for the mental health worker. A behavioral analysis of performance in a practicum setting, as well as after graduation, will result in an accumulation of data which will itself describe the role of the mental health worker. Such behavior analysis is only a part of the research project. The staff also is involved in examining the differential effects of the training program on students with a variety of characteristics. Finally, an attempt will be made to ascertain which aspects of the curriculum are most important and influential in the training of the Mental Health Worker.

The staff is diligently involved in such areas as student selection and evaluation, critique of classroom and curriculum process, supervision of field placement experience, and development of new institutional relationships. Relatively novel classroom processes are being attempted, as well as more traditional approaches to teaching. It is the philosophy of the staff to emphasize success rather than failure. To this end, students are directed to continue working in a specific area until they reach a sufficient level of proficiency to move on to another area. In this fashion, no student fails out of the program but, on occasion, self-selects himself out of the program because of noninterest or noninvolvement.

Such approaches are subject to discussion or criticism by the administration of the college as well as by an advisory board, all of whom seek to aid in the continuing improvement of the program. In particular, the advisory board, which is made up of representatives from various institutions, agencies and professions in the community, has served as a sounding board against which the staff may play its ideas, as well as a mode of communication between the community and the program. This model of cooperative community-agency development of a program holds a great deal of promise. The principal advantage is the potential for developing a program which is both educationally sound and meets the community and agency needs for the development of people with the skills needed by the community. Finally, it provides the educational institution with a constant feedback about community needs as well as an opportunity for experience-based learning through student practice in an agency during the course of training.

Training of Preprofessional Mental Health Workers

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***MH-11685

In September 1968 Community College of Philadelphia introduced a 2-year curriculum in Mental Health Work leading to an A.A.S. (associate in applied science) degree. The primary objective of this program is to train middle-level mental health workers who will constitute a new source of manpower for the developing mental health services in metropolitan Philadelphia. In addition to producing graduates who will be able to provide a wide range of valuable services in mental health settings, the curriculum provides a sound academic foundation for those students who wish to continue their education beyond the associate degree level.

Fifty-seven students enrolled in the program on a full-time basis in September 1968. Of this number 34 progressed to the second year in September 1969 and, of this number, 27 graduated on schedule in May 1970. Six members of this first class will graduate at some future time. Attrition was high during the first year of the program due to students' uncertainty about the field of mental health, changes in career plans, some academic failure, and a variety of personal reasons. Fifty-one full-time freshmen were enrolled in September 1969. Of this group, 41 were still enrolled in May 1970. Fifty-five part-time students, including 35 State-employed psychiatric aides, have been enrolled in the program during the 1969–70 academic year.

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[1] For current information on the program, contact Dr. Ronald Weinstein at the college.

The full-time enrollment is comprised of recent high school graduates—young people under 20 years of age. However, the age range goes into the 50s. Part-time students are considerably older, on average, than full-time students. Approximately one-third of full-time students are "disadvantaged" and in receipt of financial aid from various sources. During 1969–70, 23 students received training stipends from the National Institute of Mental Health.

The following organizations have cooperated with the college by providing field work placements for our students during the first 2 years of the program: The Devereux Foundation, Eastern Pennsylvania Psychiatric Institute, Hahnemann Community Mental Health Center, Horizon House (mental health and rehabilitation services), Jefferson Community Mental Health Center, The Lafayette School (for exceptional children), The Matthews School (for children with learning difficulties), Mental Health Advocacy Association, Northwestern Mental Health Center, Pennsylvania Hospital Community Mental Health Center, Philadelphia Association for Retarded Children, Philadelphia Geriatric Center, Philadelphia Psychiatric Center, Philadelphia State Hospital, School District of Philadelphia (Division of Special Education), Spruce House (a halfway house), Uptown Home for the Aged, Town Court Nursing Center, Veterans Administration Hospital, West Philadelphia Community Mental Health Consortium.

Representatives of these organizations provide consultation and counsel to the College through a formal Advisory Committee and other channels of communication.

The first year general education courses are designed to develop communication skills and to instill an attitude of open-minded inquiry into all phases of human behavior and interaction. In the second year students take elective courses in order to acquire more detailed knowledge of human growth and development, normal and abnormal adjustment, and special problems facing individuals, groups and society.

Specialized mental health work courses are designed to accomplish a number of general objectives: (1) Provide students with the necessary knowledge of the field of mental health/mental retardation. (2) Help students to apply the knowledge of the social and behavioral sciences to the understanding of people and situations, and to the provision of a helping service. (3) Help students develop skill in the following areas: verbal and nonverbal communication, interpersonal relationships, observation, report writing and record-keeping, interviewing, group membership and leadership, and the therapeutic use of self.

In designing the curriculum it was recognized that early and continued student confrontation with the problems of mental illness and mental retardation would be an important dynamic in the learning process. During the fall and spring semesters of each year, students spend a minimum of 6 hours per week in a mental health facility; between the first and second year they are assigned on a full-time basis to a mental health facility for 7 weeks.

The college hopes to demonstrate that a 2-year college-based program such as this can produce a mental health "generalist" who will have a broad base of general education and specialized knowledge of the field of mental health as well as a repertoire of skills which can be put to use in the wide range of mental health services existing in a large metropolitan area. About one-third of the student group is disadvantaged economically and/or academically. With appropriate supportive services, it is hoped that this program will enable such students to begin a career in the helping professions.

The introduction of the associate-degree mental health worker has already had some impact on local mental health facilities. Particularly in the developing community mental health centers, available manpower now ranges from the indigenous worker through an educational continuum to the traditional professional. The appearance of the middle-level worker has provided an impetus for career advancement for the nonprofessional in the community mental health centers and in State institutions. For example, 35 psychiatric aides who are currently employed at the Eastern Pennsylvania Psychiatric Institute are enrolled in the program on a part-time basis.

In September 1969, Hahnemann College of Allied Health Sciences, Philadelphia, introduced a bachelor's degree program in mental health technology. Approximately one-third of Community College's first graduating class of mental health workers has transferred directly into Hahnemann's bachelor's degree program. A number of additional graduates intend to go on for a bachelor's degree after a year or two of experience as mental health workers.

The majority of the first class which graduated in May 1970 has taken jobs in community mental health centers in the City of Philadelphia. Eight of the 10 operating centers have employed graduates. In all centers the job title is "mental health worker." Specific job assignments include group work in day hospital, behavior modification in a program for children with learning difficulties, community worker in after-care, interviewer in emergency service, etc. Other graduates are employed as counselors in institutions for disturbed children, in an employment agency and in a rehabilitation agency.

Local, regional and national interest in the program has been high. Information has been mailed, on request, to colleges, mental health associations, and mental health agencies throughout the United States.

Community College of Philadelphia intends to continue to offer the Mental Health Work Curriculum after the termination of its funding by NIMH as a pilot project.

Mental Health Technicians

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***MH-11707 1969–1972

This Mental Health Technician Program has six basic goals and objectives for its trainees. It is intended that they will (1) acquire skills and knowledge necessary to perform job responsibilities; (2) become aware of personal values and respect rights and privileges of each individual citizen; (3) become familiar with the mental health movement, organization and functions of various agencies and institutions, and roles of various mental health professionals; (4) develop an appreciation for learning and acquire a sound foundation for continuous education; (5) become familiar with various sociological characteristics of population and encourage enrollment of students in program from all socioeconomic groups; and (6) acquire understanding and skills in interpersonal relationships in every aspect of life.

An advisory committee began development of the MHT curriculum in 1966. Members of the advisory committee were representatives from various mental health agencies at both the local and State level. Students were first admitted into the program in September 1967. Three students graduated in the summer 1969, four in June 1970, and six in August 1970. There are twenty-two additional students at the first year level of course work. The students of the MHT program generally fall within five categories: (1) recent high school graduates, (2) minority and disadvantaged groups, (3) middle-aged women, (4) ex-military personnel, and (5) individuals seeking to up-grade their training. Three basic characteristics which best describe the student population are: (1) their ages range from eighteen to early fifties, (2) there are approximately 15 percent male students and 85 percent female students, and (3) there are approximately 30 percent black students and 70 percent white students.

The MHT curriculum is divided approximately equally between general education courses with special emphasis on the social sciences and MHT courses. The program is seven quarters in length with the students spending one of these quarters full time in a clinical agency. The program also provides the students with several MHT electives the second year so that each student can give special emphasis to his particular interests and abilities.

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[1] For current information on the program contact Mrs. Julia Stork at the college.

The MHT curriculum involves both classroom instruction and clinical experiences in various mental health agencies. The field experiences are planned in the following agencies: Hill Crest Hospital (private psychiatric hospital), Mental Health Clinic, Juvenile Court, Parent Child Center, Social Club, Girls' Training Industrial School, Learning Disorder Center, elementary schools, Bryce Hospital (State Mental Hospital), VA Hospital (Tuscaloosa) and Partlow (State institution for mentally retarded). Each student has clinical experience in at least four or five of the agencies before completion of the program. The field experience starts the third quarter and continues each quarter through the remaining program. Several other agencies have expressed interest and willingness to cooperate and will be utilized as the need occurs due to increase of student enrollment. Supervision of clinical experiences is provided by the agencies with the college faculty responsible for planning and coordination of all educational experiences.

The role model for the MHT graduate is still difficult to define due to the newness of this level of training and since the trainee is educated to work with all the various mental health professions. For this reason, the potential employment opportunities are not as numerous as are expected in the next year or so. However, Alabama has a State job description for the Mental Health Technician which has proven beneficial as well as indicating the interest and support provided by the State.

The MHT program is unique in that its selection criteria encourage enrollment of students from various backgrounds and yet it attempts to provide equal opportunity for each student to be successful in the program. From reviewing the previous educational training of the MHT students, it would appear many would not have been considered good college risks. In fact in the case of several, the students were told not to consider college. These students are doing at least average and often better in both their general education and MHT courses. This success seems to be due to the approach used in the MHT program and suggests a trend within the program. The program is also unique in that it provides sufficient course work for a MHT generalist but provides additional electives for students to specialize to some degree according to interests and abilities.

The MHT program has had reasonable influence in the local community and the State. Many local agencies are making plans to employ the graduates, and some of the professionals have expressed interest in researching various aspects of the program as it might influence their agencies. Since clinical supervision is provided by the agencies, the community has become extremely interested and involved in the development and success of the program. The MHT faculty has served as consultants to newer programs and colleges interested in beginning programs, has held in-service workshops for various local and State agencies and is planning more similar services.

One of the graduates now works at a VA hospital with the following main responsibilities: teaches aides basic principles of behavior modification, assists in group therapy, plans programs for closed wards, orients special groups to the psychology department, speaks to various civic organizations, and coordinates training for MHT students who go to Bryce for clinical experience. Another graduate works on the psychiatric ward in a hospital with the following basic responsibilities: observes patients' behavior, attitudes and changes and reports to supervisor, supervises recreational activities, orients patients and families to unit rules, attends team conferences, participates in in-service programs and leads group discussions when requested. The other graduate is now completing course work toward a B.S. degree. The current graduates are considering jobs with various agencies but lack of specific job descriptions for the agency and sufficient funds in the budget may cause a delay for some graduates in seeking job placement. Due to the limited number of graduates at this time, it is difficult to identify a trend in job responsibilities.

Information concerning the program is

sent upon request. Consultant visits, inservice training and speeches are provided by the entire MHT faculty as often as time allows. It is felt this is a special service the program can provide for many of the newer programs or interested college personnel.

The college has always provided financial support for the program along with the NIMH grant. The college shall continue to provide necessary funds for the program but may be somewhat limited in funds for expansion. Efforts shall be made to gain additional local, State and Federal funds in the future to allow for expansion and implementation of new ideas in educational training.

Community Mental Health Technician Curriculum

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MH-11933 1969–1973

Since the September 1969 inception of this 2-year Associate Degree program for the training of Mental Health Technicians, the program has graduated 42 individuals and the current class will graduate 20 additional. These students come from a variety of backgrounds in the community including housewives, the elderly, underprivileged, ex-mental patients and the physically handicapped. Some of these have but recently completed GED tests or are currently special students. The program has three components: (1) approximately ⅓ in general education including basic courses in psychology, sociology, and English; (2) approximately ⅓ in courses related to mental health, and (3) ⅓ in practicums including a 21-hour per week internship in the fourth semester. The graduate, seen primarily as a communicator, will be prepared to function at a preprofessional or technical level in mental health centers, mental hospitals, general hospitals with acute, intensive, short-term mental health facilities, exceptional child education programs and other allied community agencies. The principal asset of the graduate will be his ability to work with people and fit into many niches as an extension of the mental health professional with minimal on-the-job specialized training. Total practicum hours equal 600, with many students volunteering for 100 to 300 additional hours.

Several agencies have employed mental health technologists as a model for a "normal individual," finding that the MHT is qualified and may be trained to work as a co-therapist or intake worker, or for liaison work in the community, patient followup, development of family/community resources, etc. These graduates have adequately demonstrated that there is a place for the mental health technologist on the professional team. The program has been fortunate in being able to utilize the Northampton VA Hospital, area public schools, Franklin County Public Hospital, Farren Memorial Hospital, Northampton State Hospital, rehabilitation units, mental health centers, Children's Protective Society and other local agencies as practicum facilities for the program. Personnel of these agencies have been most supportive of the students and the program.

The freeze on jobs in the Massachusetts Department of Mental Health removed job opportunities in that agency. However, the VA Hospital system has developed a job description and funding for mental health associates as a result of coordinated effort between the Northampton VA and MHT faculty and students during the 4 years of the project. The VA now has 3 MHTs employed locally and other VA institutions are authorized to employ mental health associates. The VA also developed a career ladder for the mental health associate. A stipend program for 6 second-year MHT students is currently offered by the Northampton VA Hospital. This involves a commitment of 750 hours during the academic year.

Nine of the 1973 class have been accepted at 4-year colleges in baccalaureate programs as full juniors with all credits accepted from MHT courses in most instances. Prior graduates have all obtained employment, except for one person who chose to continue his formal education. Major areas of concentration range from psychology to public health.

The New England Board of Higher Education, wishing to concentrate more attention on the field of mental health education, has called for integration of the efforts of those colleges offering mental health technology programs. Two of the Greenfield faculty and an MHT student are involved in planning a fall 1973 conference with NEBHE.

In the local area, graduates are employed as community outreach workers in alcoholic rehabilitation clinics, mental health technologists at the general hospital, senior supervisory teacher aides for special classes, mental health associates at the VA and at Northampton State Hospital Senior Center, and one is the owner/operator of a halfway house for the emotionally ill. Several of the earlier graduates are now supervising not only students in practicum but students from 4-year institutions, and in one instance from graduate school. Graduates have been active in professional organizations of other mental health disciplines in addition to forming a Massachusetts Association for Mental Health Technicians affiliated with the National Association of Human Service Technologies.

Consultation has been provided for a number of programs in the formative and developmental stages utilizing the knowledge gained from prior experience in the MHT program here. Correspondence at times is extensive and focused upon practicum hours, facilities utilized, student supervision, requirements, and course development and content.

Greenfield Community College is assuming complete financial responsibility for the program after the termination of the NIMH grant, although some economies must be affected according to State budgetary requirements. These should not significantly affect the program, however, as these factors were included in the projected budget.

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MENTAL HEALTH WORKERS (BACCALAUREATE LEVEL)

Curriculum for Urban Practitioners

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MH–13627 1973–1978

The program was created to provide (a) career mobility for students with associate of arts degrees to move from a technical level of functioning to a professional level; (b) effective articulation with community colleges in Maryland with full transferability of credits; (c) an opportunity for lower-division students to enter a 4-year baccalaureate program in mental health; (d) an opportunity for economically and academically disadvantaged workers at institutions to further their education and increase their skills; (e) opportunity for students to practice theory learned in the classroom in a realistic community, agency, or institution setting; (f) a firm academic foundation that will prepare students for graduate studies. There are at present 48 students majoring in the MSC Mental Health Program and an additional 30 students taking mental health courses as supportive electives for psychology, sociology, and social work.

The program was jointly designed and developed by Morgan State College, a predominantly black college, and the Maryland Consortium of the Health Sciences, Inc. in 1969. The community mental health curriculum was instituted at Morgan State College in the fall of 1970 as a 4-year baccalaureate degree program and a 2-year continuation program for associate of arts degree graduates. A small initial grant was received from the Maryland Department of Mental Hygiene.

The majority of the students are from economically deprived families: 27 are black, 21 are white, 26 women, and 22 men. Approximately half the students are graduates of 2-year community colleges with AA degrees in mental health or general education. The average age of the students is 29.8 years. Several are working part time, and some are heads of families. Most come from Baltimore and the surrounding communities, but many of the younger students come from out-of-State locations.

Twenty-one mental health, health and community agencies and institutions cooperate in training the students, representing a cross section of the various service delivery systems and modalities used to meet the psychological needs of the diversified populations in Baltimore and the surrounding communities. Students are assigned to six or seven different practicum placements over their 4 years of study in mental health.

The mental health curriculum requires each major student to spend from 6 to 15 hours per week in a hospital, institutional, or community setting for practical experience seven of his eight semesters of study. Each practicum experience is combined with 2 hours of seminar per week where the student collates his practical experience with theory and methods so that he can gain an understanding of what problems exist in the real world where he will work.

A student interested in pursuing a clinical career can take clinically oriented courses. A student interested in enhancing his knowledge and skills for working with people in their own living environment can elect to pursue additional psychology and social science courses. During his 2 or 4 years of study, it is hoped that the student will develop an understanding of and sensitivity for recognizing the effect that the environment has upon the individual and an understanding of the problems of living that individuals have from day to day in meeting their human and emotional needs.

Upon completion of the program, the student will be able to work in clinical, institutional, hospital, or community mental health settings, beginning as a competent entry-level professional. However, since the MSC Mental Health Program will have its first graduating class in June, 1973, the types of employment positions and settings in which they will be employed cannot be determined.

Recruitment and visibility of the program have increased over the last year and a half. Information has been disseminated to individuals, high schools, community colleges, and professional organizations within the State of Maryland and around the country. Full-time program personnel have attended several conferences relevant to the three program elements.

In addition, staff members have been involved in (a) assisting students in developing a college and statewide mental health B.S. degree association, (b) design of a conceptual modality that can be used by mental health State employees to continue their education and receive practical experience without loss of credits, (c) establishment of a coordinated effort between Morgan State College Mental Health Program and Crownsville State Hospital to develop an educational resource center at Crownsville where A.A. students, B.S. students and psychology and psychiatric interns can collectively be trained as mental health treatment teams.

Morgan State College is committed to establish a phasing-in process whereby the present federally funded program positions will be absorbed into the State system by the college over a period of 4 years.

Baccalaureate/Associate Degree Community Mental Health Worker Training

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MH-12882 1972-1977

This program, designed to train paraprofessionals as community mental health workers, offers the associate in science degree and/or the bachelor of science degree.

The program emphasizes an interdisciplinary approach in accord with the Carnegie Commission on Higher Education's special report, *Less Time, More Options: Education Beyond the High School.* It differs from the traditional 2- and 4-year programs. It is innovative, offering the opportunity to earn the associate in science degree in 1 year and/or the bachelor of science degree in 2 years. The unique features of the program are: (1) flexibility, (2) individual structuring of the students' programs, (3) interdisciplinary integration of curriculum content in both the general education (blocks) and the community mental health (major core) subject areas, (4) academic credit for previous work experiences and performance, and (5) variable length of individual students' programs.

The curriculum developed will provide generalist training with emphasis in the areas of drugs, alcoholism, emotional disturbances, mental retardation, gerontology, and recreational therapy.

An endeavor was made to include a thrust for varied outreach with emphasis in making educational opportunities more readily available to more people—employed persons, older people, veterans, blacks and other minority groups, and also persons from lower income levels lacking upward mobility.

Health services agencies have given education leave to some of the persons now enrolled in the program. Also, one of the public schools providing special services for the mentally retarded has released three of its teacher aides to secure a bachelor of science degree.

Since the program's beginning in September 1972, nineteen persons have been involved in training, three persons having completed all requirements for the associate in science degree on May 13, 1973. At present, the program has completed three-fourths of its first year.

Academic and general education training is provided in a curriculum designed to meet the University's and the State of North Carolina's requirements for earning degrees.

Opportunity for practicum training and experiences has been extended by a wide range of facilities within the city of Greensboro, North Carolina as well as by other facilities from localities within a radius of 70–80 miles. One training facility which provided a special institute for the trainees was Meharry Medical College's Community Mental Health Center in Nashville, Tennessee.

Priority for student selection is given to persons in the Model Cities areas, returning veterans, and to individuals who (1) have work experience in the field of community mental health, (2) have work experience in a related agency or institution, (3) have had short-term training in a related program such as New Careers, and (4) have had related military experiences as an orderly, medic, licensed practical nurse, etc.

For admission to the Program, each trainee should (1) have a high school diploma or its equivalent, (2) have proof of some working experiences or service experience, (3) indicate a commitment to becoming a community mental health paraprofessional, and (4) demonstrate sensitivity for training in community mental health services.

The Department of Human Resources in the State of North Carolina, on March 15, 1973, acknowledged the program as an aid in "providing infusion of minority group members in the mental health program, and as a bridge offering mobility through relevant training at the associate in science and bachelor of science levels." The present legislative session, at the Governor of North Carolina's request, has the task of endeavoring to provide a substantial number of positions for paraprofessionals trained as community mental health workers.

Since the program's inception, many of the community colleges have sought and received detailed information regarding development, curriculum, practicum training, and workshops. This has been accomplished through correspondence as well as through consultation visits by program directors. Further progress correspondence indicates that the program is being used as a model to redevelop some of the now existing programs or to modify or expand them.

The program also conducts a Crisis Intervention/Drug First Aid/Alcohol Education/Rehabilitation Institute from which trainees may earn 96 hours of laboratory and practicum experiences. Interested persons in the community, members of the university family and staff are also invited to participate.

The program has had significant interaction with the city, county, and State services. The deputy commissioner with the Department of Human Resources, Department of Mental Health, has offered support in making the effort to secure aid to supplement the financial needs of the trainees through referral to the Education Grant Committee. There is also the possibility that one or more of the practicum facilities might be in position to provide some support funds for students while they are fulfilling a practicum assignment at that institution.

Practicum placement has been profitably negotiated among the State facilities within a radius of 70 miles—Umstead Hospital for the emotionally ill, Murdoch Center for the retarded, and the Alcoholic Rehabilitation Center at Butner. All of these facilities form one large complex.

The Director of Human Resources has indicated that he regards the program as a valuable one and that he wishes to offer every possible support. He has also asked the Department of Mental Health to explore with the project staff possible tangible means for working together to mutually strengthen training and service functions.

The program appears secure overall, and is necessary to fill a definite manpower gap in the delivery of health services. The employment potential looks good as evidenced by feedback from the State Department of Human Resources.

Training of Chicanos for Community Mental Health

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MH–12802 1971–1976

This project addresses itself to the training of Chicanos now working in community mental health centers in Santa Clara County, California. The self-study model, which has been used with other groups, is the primary training method to be utilized in the project. It is hoped that by demonstrating the feasibility of this method of training, institutional change will occur within employing agencies. The program will link agency staff development to programmatic activities within the agency. Trainees will gain credit toward a bachelor of arts degree through these and other activities outlined in individual learning contracts developed by each trainee.

The program makes use of a contagion-based training principle whereby a given group of students trained by the project become instructors to the succeeding group of students. Starting with four trainees who were working as nondegreed community mental health workers in Santa Clara County, the project hopes to train 54 by the end of the 5-year project. All but 18 should have received an A.A. or B.A. degree by that time. As of April 15, 1973, eight students were in training, including three of the four original students who have served as "co-workers."

The first group of trainees was comprised entirely of Chicanos. As they were in charge of selection of the second group of trainees, in conjunction with project staff, their wish that the second group not be limited to Chicanos resulted in the selection of two Anglos, two blacks, and two Chicanos.

The project is operated in close conjunction with the Santa Clara County Department of Mental Health. All students are currently employed in the department which gives each of them 24 hours per week special assignment time for participation in the project.

Students are currently pursuing their educational objectives in conjunction with two Bay Area institutions, using a new model for the education of Community Mental Health workers. The model has three main components: (1) a learning contract developed by the student in which he lays out his educational goals, what he plans to do to reach these goals, and how his success in reaching them can be evaluated; (2) alternative routes for achieving educational goals, not excluding classroom activity but emphasizing learning through conducting work-related study projects; (3) learning through teaching others. In this model an A.A., B.A., and/or advanced degree can be obtained within time limits comparable to full-time, on-campus work. It is anticipated that the model will be in use in several other Bay Area educational institutions, in addition to the two now being dealt with, by the end of the project.

As trainees are selected only from employees of the Santa Clara County Department of Mental Health, direct problems with employment of "graduated" students of the project do not exist. However, the project is being carried out in close cooperation with the Department of Mental Health's task analysis and job restructuring program, which will add to the already numerous career ladders currently in existence. The trainees are thereby assured that, upon satisfactory completion of any part of the project which then qualifies them for a higher position, they can expect promotion to that position.

This project is a unique attempt to combine (1) educational development of indigenous paraprofessionals, (2) granting of academic credentials based on a completely individually developed educational contract, (3) a high level of integration between on-the-job work and individual educational research, and (4) complete interfacing with existing public career ladders.

Similar mental health manpower training projects in several States have made use of the learning contracts developed by the initial group of Santa Clara students in setting up curriculums or similar open programs for mental health training. Two NIMH-funded new careers projects in San Antonio, Texas, and in Orange County, California, are now considering implementing a contract model based on that of Santa Clara.

A number of the participating students have been promoted within the Department of Mental Health as a direct result of academic credits received while participating in this program. Most have decreased the amount of clerical and other supportive work and have taken on greater "professional" responsibility. One student has embarked on a project for which county support has been obtained to open and operate a live-in halfway house for alcoholics.

Each student's primary learning source is his own learning contract, which he has developed in conjunction with his individual academic committee. The contracts outline in detail tasks to be accomplished to reach indicated levels of proficiency, including listings of source documents to be used. In addition to such contracts, the project staff has prepared a resource center, including a bibliography of materials in mental health, social change, and related fields, and copies of the most salient articles and books referred to in the bibliography.

Informal meetings have been held with paraprofessionals and mental health agency staff from NIMH funded New Careers projects in San Antonio and Orange County to discuss the model for possible adaptation to these cities.

The project has implications for manpower utilization in terms of building formal knowledge around job related activities. This work can be applied toward an accredited degree and should also lead to improved services by the trainee.

In addition, this model of education should be useful in meeting the need for skilled individuals from nonmiddle class and from minority backgrounds within the human service fields. By individualizing the trainees' education through a contract based on his needs and previous history, this type of education allows trainees to build on the strengths of their past experience, their ability to empathize with the poor and minority groups, and their ability to consider fresh new approaches to services while providing them with more sophisticated mental health skills. In the past, too often, the acquisition of "professional" skills by minorities and the poor meant the rejection of values and skills they had acquired through life experience. This model attempts to build knowledge upon the base of perspectives and skills the trainee already possesses.

Baccalaureate Program in Child Development and Child Care

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MH-12725 1971–1975

The Department of Child Development and Child Care of the School of Health Related Professions, University of Pittsburgh, is developing a baccalaureate degree training program at both junior and senior level for training "middle-level" workers for careers in the child development and child care field. This project represents an extension of the major effort made by the department in the last decade to institute child care and development as a special mental health entity by pioneering the building of a career system of higher education and training.

The immediate objective of this project is to close a major gap in the career ladder by developing the baccalaureate level professional program to add to the child development and child care programs that already exist in the Pittsburgh area, i.e., the 1-year certificate, the 2-year associate of science, and the master of science degree programs. It is planned that as a result of their training these baccalaureate graduates will help meet the burgeoning needs for direct givers of quality care to children and their families and will be able to apply considerable theoretical and practical knowledge in providing this service. The main curricular objectives are to train people who have an understanding of developmental theory, skill in observing child behavior, an understanding of programing methods and materials and the ability to translate all of the above into effective child care practices in a variety of settings in a way that promotes the growth and development of children. A more long range objective of this project is to explore the possibility of moving toward a network of programs in this country for the training of child development and child care workers.

The first class of juniors began the 2-year program in the fall of 1970. By spring, 1973, two classes had completed the program and 41 students had been graduated. By September, 1973, there were 55 students enrolled in the program. There are usually about four times as many applicants as there are spaces in the program. Some of the applicants are graduates of the 2-year associate of science degree program in child development and child care from the Community College of Allegheny County. The rest are lower division students from the University of Pittsburgh and other colleges. Preference is given to applicants who already have experience in working with children or have successfully completed the 2-year A.S. degree program.

The department uses over 40 different community settings for the practicum placements for the trainees. The practicum settings provide a wide variety of experiences for the trainees to work with children of various ages and with normal children as well as with children with various problems. Each term the trainee has theoretical course work and courses in programing that are closely related to the practicum experience of that particular term. There is emphasis in the first term on preschool children; in the second term on schoolage children; and in the third term on retarded and brain-damaged children. In the first term of the senior year there is emphasis on the adolescent and also the emotionally disturbed child. In the last term the trainee chooses some specialty and has a very extensive practicum that requires 2 to 4 days per week. All the above practicums can be taken, if the trainee wishes, in an inner city setting or in a setting concerned with the needs of minority groups.

Thus, the primary uniqueness of this project is that upon graduation from a baccalaureate degree program a person is fully ready to deliver direct services to children and their families based upon a solid understanding of psychosocial development.

The impact of this project upon the local area must be considered in conjunction with the impact of the total department upon the community. The departmental programs have become well known. Most of the agencies in the Pittsburgh area have either hired graduates, provided practicum placements for the students or participated in various seminars or workshops sponsored by the department. The faculty is frequently asked to consult on setting up new agencies or programs, and all faculty participate on one or more boards or advisory committees. Several agencies in the city are directed by one of the department's M.S. graduates and staffed by baccalaureate and associate degree graduates. Also, students from a wide variety of other programs at the University take some of the baccalaureate child development courses, e.g. students from education, psychology, premedicine, etc. Negotiations are well underway with the School of Education for a joint venture that would allow certain of the trainees to attain educational certification and certain student teachers to participate in child development courses.

One of the most important impacts of the B.S. program has been upon the department's own master's program. The existence of a growing cadre of qualified direct service workers has permitted a broad reorganization and refinement of the M.S. program. The revised M.S. program which is starting in September, 1973 will permit more in-depth specialization in working with certain kinds of children, provide experience in practical research, and give training in either teaching, supervision or administration. This change allows the training to be more in line with the actual functioning of M.S. graduates. But these changes could come only after having a B.S. program that trained people to give high quality direct service.

About 95 percent of the first group of graduates have been able to find employment or further training in the field. The salaries range from $7,000 to $9,500 with the mean salary being around $8,000. This salary is reasonably competitive with other baccalaureate level professionals in the area, e.g., school teachers or nurses. The graduates obtained jobs in day care, in various programs in the community MH/MR centers, in public school settings, and residential centers. Four of the first group of graduates have been accepted into master's programs in social work, special education, or child development and child care. It is too early to know the degree of success of the second graduating class.

At the present time an attempt is being made to contact as many of the agencies and departments in this country as possible that have some kind of training program for people to work with children. Data are being requested about their philosophy, important innovations, kinds of training offered, employment opportunities, etc. These people are also being asked about their interest in future conferences or workshops that would allow exchange of information and possibly be the basis of setting up an interlocking network of training programs.

For program evaluation, data are being collected to measure the B.S. graduate's grasp of theory, his ability to relate to children and staff, the kinds of job duties he performs, and the relevancy of his training to the performance of these duties.

Currently a significant part of the cost of this project is being covered by the School of Health Related Professions of the University of Pittsburgh. The university has committed itself to institutionalize this program at the end of the project period.

Baccalaureate Community Mental Health Specialists Program

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MH–12127 1971–1976

Established as a demonstration project in 1971, this baccalaureate level program has its activities organized around the following objectives: (1) to attract college students from disadvantaged backgrounds into mental health careers; (2) to develop a junior/senior level, university-based mental health curriculum; (3) to prepared undergraduate majors from arts and sciences, education, administration of justice, and business for employment in mental health careers; (4) to provide each student enrolled in the program with a closely supervised mental health agency practicum experience; this supervised, on-the-job training experience is scheduled to occur during each student's senior year; (5) to devise a system of job market surveillance which provides information concerning job opportunities for baccalaureate-level graduates who seek careers in mental health organizations.

Tuition stipends are awarded each year to 25 students. A student may enter the program during the Fall, Winter, or Summer semesters, the basic criterion being that he or she has attained at least junior status. Selection for the program is based upon stated interest in a career in mental health, demonstrated financial need, recommendations from academic departmental representatives, and evaluation made from a personal interview by a member of the Mental Health Specialists Program staff.

Each student spends an average of 10 to 15 hours per week engaged in on-the-job agency practicum work in a selected mental health institution during either the junior or senior year. Senior students are given preference in agency placement opportunities. A minimum of 360 hours of agency work is needed to satisfy program requirements. Professionals in the field of human services and mental health who are attached to the agency in which a student is placed provide constructive supervision in conjunction with the demands of the program and the agency. A variety of mental health agencies in the St. Louis metropolitan area serve as participating agencies for the program. Included are mental hospitals, community mental health clinics, child care centers, drug abuse centers and correctional institutions.

At the present time each student must enroll in a total of nine credit hours of mental health courses and seminars during the junior and senior years. In addition, each student is required to attend a series of open seminars during the school year which feature guest speakers who are professionally involved in some aspect of the field of community mental health and human services.

It is felt that this program is unique in that it attempts to vocationalize the baccalaureate degree and make it more relevant to the immediate employment needs of the student upon graduation from the university. Two additional aspects of the program should be noted. First, trainees, having fulfilled all undergraduate requirements of their chosen major field, are able to enter graduate school at any future time, and second, the program relates to a large and relatively neglected manpower pool consisting of individuals who have obtained a baccalaureate degree in the social sciences and who are unable to find employment in their major fields.

The general response of the participating mental health agencies to the program has been encouraging. This has been true in regard to their willingness to provide field placement opportunities and supervision in addition to their effort to provide jobs for students upon completion of the training program. Several of the large participating mental health agencies have modified their inservice training programs in order to provide a wide spectrum of experiences for mental health trainees during the initial stages of their practicum work.

Of the 23 students in the initial class for the program, 17 completed all of the program requirements. Three of those not completing the year were forced to drop out of school for personal reasons and three experienced academic difficulties. Of the 17 graduating students, 12 accepted full-time jobs in mental health institutions in areas of employment which related to the content of their training experiences. Two enrolled in mental health-related graduate programs on a full-time basis, and three found full-time positions outside of the mental health area.

Graduates have accepted positions as teachers of mentally retarded children, caseworkers at State and private hospitals, juvenile probation officers, junior computer programer at a State mental hospital, personnel interviewer at a psychiatric institution, junior accountant for the social services department of a private hospital; drug abuse counselors, and group therapy facilitators at a State mental hospital.

Requests for information concerning the program have come from universities and colleges throughout the United States. To date, information has been forwarded to institutions in 25 States. Basic details concerning the program were presented at the 80th Annual Convention of the American Psychological Association in September, 1972. This presentation was part of a symposium which dealt with undergraduate paraprofessional programs and community mental health.

3

MENTAL HEALTH WORKERS (NONDEGREE RELATED)

The Mshauri—Training for Preventive Mental Health Services to a Planned Community

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**MH-13562 1973–1974

This training program for new residents of a new, planned urban community is directed toward initially creating a healthy community and assisting residents with problems of family and community living. Training will be provided for 94 residents of an intown planned community in predominantly black Southeast Los Angeles to deliver mental health services to seven hundred family residents. Participating residents will undertake a 1-year training program and, simultaneously, function as counsellor-advisors and mental health service "ombudsmen" for families within a synthetic kin network created by participating staff of the Department of Psychiatry of the Drew Postgraduate Medical Center in collaboration with the Advisory Board of the Ujima Village Community Development Corporation.

Training will consist of seminars, workshops, formal lectures (invited and at Los Angeles Southwest College), field placements at Drew and Martin Luther King, Jr. County General Hospital, and on the job training at local health service centers, Drew, and the Family Development Center on the Ujima site. Training content includes recognizing individual, family and community mental health problems, understanding the relation between these and available helping institutions, observations of other paraprofessionals at work, group processes, experimental introduction to problems of personality using video and other playback devices, etc., in a 12-month program.

Training has as its main goals the generation of competent mental health paraprofessionals able to work in paid capacities in Ujima Village, King, and Drew, and other agencies in the area. Training does not necessarily lead to an academic degree, although the program is seen as a conduit for career development among the Village residents.

Training Paraprofessional Community Mental Health Workers in Behavioral Modification

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**MH-13296 1973–1978

The objectives of this project are to develop and evaluate a program for training community paraprofessional mental health workers; to develop a training package of manuals, films, transparencies, etc., to be used by others who want to train such workers; and to develop and evaluate dissemination strategies for the training program.

The primary trainees are to be high school graduates who live in the Juniper Gardens area of Kansas City—a disadvantaged, primarily black area. They will be trained to work with the behavioral and associated academic problems of children in the area, either directly or as consultants to parents, teachers, and/or personnel of other agencies. The training will strongly emphasize behavior modification technology.

The trainees will be taught to understand referral reports from mental health agencies and schools, to define problem behaviors and academic deficits on the basis of these reports, additional academic tests, interviews, and measurements of behavior in natural settings, to set specific and concrete goals for behavior change, and to develop and evaluate programs to effect change. They will be taught to continually measure target behaviors during baseline and intervention and to change their strategies when the measurements indicate that their current strategy is not effective. When possible, they will train the child's parents to manage and tutor him and also work with the child's school.

When an effective training program has been developed, along with manuals and assorted visual aids, three different dissemination strategies will be evaluated: use of the training materials with workshops and practica for new trainers at Juniper Gardens followed by visits of Juniper Gardens personnel to the new training facility; training materials plus workshops by Juniper Gardens personnel at the local training site; and use of training materials alone. The aim is to produce training materials whose effectiveness, with and without additional inputs, has been fully evaluated.

Practica will take place not in established centers, but in a Neighborhood Learning Center, which will give the kind of control needed for gathering research data. Established mental health centers in the area will refer children to the NLC; local schools and parents will also be able to go directly to the NLC with requests for help.

The program features a combination of emphases on a careful empirical development of the training program, on development of exportable training materials, on an empirical approach to developing a dissemination strategy which will maximize the usefulness of the training program and materials, and on evaluation to guide all aspects of program development.

Community Mental Health Agent Training Program

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MH-13113 1972-1976

The primary purpose of the Community Agent Training (CAT) Project in Mental Health is the preparation of nonprofessional and professional change agents with the essential skills and concepts to influence one's own milieu and similar social systems in a programmatic way. Intervention utilizing humanistic mental health approaches in early childhood education settings are designed to ultimately help in alleviating mental health problems of the poor (primarily in black inner city settings) and relieve the manpower crisis in mental health education.

More specifically, objectives of the project are:

1. To provide an integration of theory, knowledge, and practicum in mental health.
2. To develop an interdisciplinary curriculum with a focus on models for innovation and change, i.e. consultant, innovator, mental health educator, change agent, etc.
3. To develop a humanistic model for the educational and mental health processes, utilizing early childhood educational settings as target training sites.

At the inception of the project, 10 trainees were recruited (five nonprofessional and five professional). The basic operational format for training activities was a "buddy system," pairing each professional with a nonprofessional who is also a member of the target community where training takes place. The primary premise here is that such pairing will facilitate the bridging of the gaps which exist between theorists and practitioners in mental health.

The trainees have been recruited from a variety of behavioral science fields to provide the interdisciplinary background for the building of an interdisciplinary curriculum in the innovation and change processes. Among these disciplinary fields trainees are matriculating in the following areas: early childhood education, interpersonal relations and organizational change, clinical psychology, community psychology, law, special education, and social work. Length of training and terminal degree depend on each trainee's individual goals.

The University of Michigan, the Willow Run community (Michigan), and the Willow Run Day Care Center cooperate in this project. The unique skills and knowledge from the university, community, and the day care center are brought to bear on the mental health problems confronting this poverty-stricken community. Such problems as drug abuse, poor housing, lack of adequate day care facilities, legal problems, racism, educational and economic problems provide a field work base for training.

In addition to the major behavioral science areas of matriculation, the project has developed a humanistic core for training in the innovation and change processes in mental health. The basic process for this training is through weekly seminars and continuous microteaching. The sequence of topics, to assure continuity and progressive skill development, is flexible and will continue to be so over the entire 4-year project period; hence, the sequencing may be said to be continually under development.

The sequential design at present is as follows:

In the first year, the day care center is the field site. In phase 1, the student's entry skills are assessed and he learns how to make initial contacts with agencies. In phase 2, the student learns data gathering and diagnosis skills. In phase 3, the student learns to plan and implement the changes shown by diagnosis to be desirable. In phase 4, he acquires techniques for institutionalizing planned changes.

In the second year, the community mental health clinic is the training site. In phase 1, the student acts as a conveyor to interpret, define, and disseminate the concepts of humanistic education and the humanizing concept in mental health. In phase 2, the student functions as a consultant or change agent who guides and participates in the problem solving process in terms of social systems rather than solely case by case. In phase 3, the student acts as a trainer by providing a linkage process between CATs and the traditional helping disciplines, defining the consultative role of the CAT personnel to users and other colleagues. In phase 4, the student is called upon to use the humanistic model and demonstrate the effectiveness of this approach in an effort to influence others. In phase 5, the student acts as an innovator and identifies with the user system in terms of background, experiences, cultural awareness, etc. That is, he becomes a "homophylic" consultant who, with other individuals in the community with similar lifestyles, works toward a common goal. He avoids being perceived as a "heterophylic" consultant who, because of his different lifestyle, might be considered an outsider by the community.

Trainees will be prepared to serve in a variety of mental health capacities. More specifically, society is demanding trained personnel who are prepared not only in a theoretical way but possess the background and skills to act as mental health practitioners in mental health areas. Such personnel must be able to identify with those community users in poor black inner city settings.

Systems Approach to Improving Community Social Service

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MH-12823 1971-1975

The sponsoring organization, also known as Arriba Juntos, is a private community development agency in San Francisco's Mission district which was formed in 1965 primarily to prepare Spanish-speaking Americans to enter the job market. It has been significantly engaged in new careers programs, at first for hospital and health agencies, and is now planning to train many more for jobs in the city's community welfare agencies. This pilot project involves an assessment to restructure the service patterns of three United Bay Area Crusade-supported family service agencies.

The project begins with the hypothesis that long established private agencies seeking new ways to become relevant can best reach this goal through a systematic study of current service and staffing patterns. Moreover, to be successful is to actually establish and not just develop new patterns.

The project will have two phases:

1. *An analysis and design phase:* 16 months employing a systematic approach to study and redesign agency service and staffing patterns. The project is now in the process of completing the first phase, and planning projected designs for the second phase.
2. *An implementation phase:* 2 years in which new and redesigned positions, job ladders, and new service techniques would be phased in with training for new and old staff.

The study has been carefully structured and coordinated to provide active commitment and participation by representatives from agency staff, agency boards, United Bay Area Crusade staff and board, and potential service consumers.

New Careers Training Program for Mental Health

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MH-12764 1971-1974

The training program was designed to focus on recruiting unemployed and underemployed persons, especially men, to the mental health working force. The unique objectives of this program related to the special methods used in community orientation, recruitment and selection of trainees, and the interdisciplinary training methods. The selection procedures were designed in such a way that a different kind of person was reached than is usually attracted to mental health work. The selection process involved residents from the Model Cities area and community mental health center staff. This screening panel worked together in the community orientation phase and the recruitment/selection phase of the program. The training phase centered around developing an interdisciplinary teaching method and necessary tools which were especially designed for training persons with limited educational and social backgrounds. The effectiveness of these teaching methods and tools is being evaluated and will be made available to other areas where similar needs exist.

To date, 22 persons have entered the training program. The second training class started in September, 1972 and completed the year of training in September of 1973. Of the two trainee groups, all trainees were from the inner city: a Model Cities area with limited educational and social background. The average age of the trainees was 32, with 12.5 years of formal education. Twelve of the 22 trainees are men. Possibly more descriptive of the group are attitudinal assessments of the trainees as revealed by the *Opinion about Mental Health Illness Scale* and the *Lincoln Hospital I Scale.* The trainees revealed a unique positive attitude of interest with regard to the mentally ill and they disagree as a group that mental illness has its origins in family and other interpersonal experiences (unlike the sample population of mental health professionals). Further, the trainees suggested a strong desire to improve their living and working situation, thus suggesting a high degree of personal motivation.

The New Mental Health Professional Training Program has been able to secure the significant participation of several local and State agencies: Meharry Community Mental Health Center, Tennessee Department of Mental Health (State Certification), Dede Wallace Mental Health Center, Central State Psychiatric Hospital, Tennessee Department of Corrections, Clover Bottom Hospital and School (mental retardation facility), Metropolitan Nashville Model Cities Agency, and Meharry Medical College.

The interdisciplinary approach being developed is designed to produce in depth understanding of the full developmental life cycle—birth to death. Each stage of development is explored by examining the psychological, sociological, and physiological correlates affecting development, both normal and abnormal. Direct field experiences support didactic presentations and assure maximum integration of concepts. Appropriate treatment modalities are instituted for each developmental stage to increase the service delivery skills of each trainee to function effectively in a variety of settings. Direct supportive educational experiences are provided also in areas of English, mathematics, and the natural sciences in an effort to bridge the gap that exists in the limited educational background of the trainees.

The training program has created a new service delivery model for Tennessee. The actual employment opportunities have been developed in the Tennessee Department of Mental Health, Tennessee Department of Correction, and Nashville Community Mental Health Center system (four centers). State recognition has been obtained for graduates of the program to enter two classifications above the usual entrance level for paraprofessional manpower.

The program has uniquely demonstrated to date that unusual human potential—especially men—is available in the inner city to meet the manpower needs of the mental health movement. Special attention in job development has been directed toward the State of Tennessee to assure that skilled manpower is available for service delivery at the paraprofessional levels.

The training program has been directly involved in the reclassification of all paraprofessional manpower by the Tennessee State Department of Mental Health. The total impact of these reclassifications is not revealed as yet; however, initial feedback has suggested a significant increase in morale and reduction in attrition. Graduates of the program are now given special recognition by the Tennessee Department of Mental Health above the normal entrance level of paraprofessional personnel. The anticipated results of placement of graduates will be a significant increase in the quality of mental health services in the mental health network in the State of Tennessee.

In addition to placement with the State of Tennessee, graduates of the program have been placed as mental health assistants in the Meharry Community Mental Health Center. Their job responsibilities range from drug counselors, training assistants, outreach workers, assistants on a child/family team and assistant on an inpatient unit. Each position was developed as a new position in the Meharry Community Mental Health Center.

The preliminary results of the training efforts suggest a significant potential for providing the necessary skilled manpower (especially men) in mental health at the direct patient-contact level. It is expected that the quality of mental health services provided in the State of Tennessee will be improved. These results also strongly support the need to continue to increase this form of manpower training while negotiations are initiated with the State of Tennessee for a Statewide training center at Meharry Medical College.

Training American Indians for Urban Mental Health Settings

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MH-12726 1971-1975

This program is training 18 native Americans to be mental health workers in an urban setting. The objectives of the program are (1) to prepare Indian people to deliver mental health services to their communities and (2) to evaluate the effectiveness of an educational model designed to do this preparation. The necessity of developing a training model is based upon the recognition that rapidly growing urban Indian populations over the country share acute and urgent problems which are not being met by existing mental health agencies. It is acknowledged that Indians can be reached most effectively by Indian organizations; Indian groups across the country are developing programs and jobs to treat mental health problems. However there is a desperate shortage of trained people to fill these positions.

Intertribal Friendship House, the sponsor of the program, is an American Indian center and a nonprofit organization supported by funds from the United Crusade, the American Friends Service Committee, and the general community. One of the oldest urban Indian centers in the country (it was founded in 1955), it offers a wide range of social and recreational services to the San Francisco East Bay Indian community.

The program combines supervised field and onsite seminar experiences with an educational component provided by the local community college (Merritt College) designed to lead to an associate of arts degree in community social services by the completion of the training program. The trainees spend approximately 10 hours a week on the Merritt campus taking formal classes and receive course credit for their 2½ days a week of field experience. The didactic courses in community social services are taught on site by the Director of Training which allows the presentation of material and the focus of discussion to be on mental health concerns from an Indian point of view. The trainees are urban Indians who have shown a commitment to working with people and who share the problems faced by Indians living in the city. While not formally educated, they possess the personal characteristics, the good judgment and the maturity expected of people in the helping professions.

Graduates of the program will be employed as counselors, social workers, community organizers, and program developers in alcoholism programs, Indian centers, youth programs, half-way houses, and health clinics. The American Indian Training Project is the only program in the country which is (1) systematically preparing urban native Americans to work with their communities in the mental health field and (2) developing a training model that can be used by other urban Indian groups.

Since the program is in progress it is not possible to comment upon how well the trainees have been able to utilize their training experience. Also, since information about the successes and problems of the educational model has not been formally disseminated, it is too early to tell what impact information about the training model will have on other urban areas. There has been a growing awareness of the program on both the local and national level, and informal dissemination has taken many forms: program participation in an NIMH-sponsored national mental health conference; trainee participation on TV programs, in Indian and non-Indian conferences on alcoholism, suicide, education, child care, drug abuse, social welfare; participation as panel members in a local third world mental health conference and an NASW Spring practice conference; articles in *Catholic Voice* and *Quaker Service;* informal meetings with many people concerned with the mental health needs of Indian communities.

In their various roles as counselors, advocates, members of grass roots organizations and members of boards of directors (regional Girl Scouts, Social Service Bureau of Oakland, Native American Alcoholism and Drug Abuse Program), the trainees have had continuous contact with private and public organizations which has meant that the program has had an impact locally on both the Indian and non-Indian community. The mental health needs of the community have been more clearly delineated and the roles of the various organizations in meeting those needs more clearly defined.

A critical aspect of this program is evaluation. The evaluation is not designed to generate quantifiable outcome measures but to accomplish the following: (1) to assess in a qualitative fashion, the extent to which the project meets its goals; (2) to provide feedback and support to the project training staff and the Merritt College faculty; (3) to provide recommendations for change in the format, content, and style of the training process; (4) to assess, qualitatively, the response of participants to the training experience; (5) to identify specific problems with the training program from the participants' viewpoint and to assist the training staff in generating strategies to deal with these problems; (6) to provide an assessment of the process of trainee recruitment and selection; (7) to ascertain the economic and employment increments obtained by trainees through their participation in the training program by comparing the source and amount of their income prior to and after the training experience; (8) to provide a qualitative assessment of the impact of the training program on the native American community through a longitudinal study of the activities of graduates of the program in terms of: (a) the nature of the service they provide; (b) the characteristics of the persons they serve; (c) the geographic location of the community in which they work.

In addition, the evaluator will share responsibility with other staff in developing instructional materials and in producing a training manual. There is an absence of written or other didactic material which can be used effectively in the training of native American mental health workers at the AA level. There is a need for clearly articulated training material. A training manual will be produced which focuses on the process of the training program as well as on content and procedures. It will be the most effective way of communicating to other urban communities the information which will help them replicate the program.

Training High School Seniors As Mental Health Technicians

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MH-12590 1971-1973

The Mental Health Technician training project is designed to test the feasibility of training high school seniors for employment as mental health aides. The project objective was to help meet the need of community mental health agencies for trained paraprofessionals by training Mental Health Aides, at senior high school level, to function effectively as ward attendants, homeaides, and activity aides.

This two year project provided for the training of 20 students each of the two years. The trainees were high school students in their senior year who had (1) an expressed career interest in obtaining employment as an aide following graduation and/or continuing in the field in higher education, (2) demonstrated a reasonable maturity and ability to relate to others through past school or work experiences, and (3) the willingness and potential to work in the affective area.

The proposal was developed and submitted for funding jointly by the Tri-County Community Mental Health Board and the Ingham Intermediate School District. The project was implemented by staff of the Regional Children and Adolescent Service of Mental Health and the Vocational Education division of the Intermediate School District.

Each trainee spent half of each day in the home high school and the other half of the day in the Mental Health Technician's training program. Thus, the training time for the program each year consisted of five half days a week for 39 weeks. Training consisted of a classroom segment and field work experience. Classroom instructors were practitioners from various professional backgrounds selected for their interest and some previous experience and skill in educational functions. This choice was made because of the skills focus rather than an academic approach. The field trainers were direct service staff of the participating mental health agencies with varying amounts of training and experience. Field placements selection was based on field trainers' time availability, willingness, interest, and job function within the mental health agency.

The field work experience component was designed for each trainee to have three different placements during the training year. In each placement, each trainee was assigned as a working aide to an individual practitioner, designated as field trainer, who was responsible for work assignments, training, and accountability of the trainee. Field placements were provided in mental health units, in special education units, and at other community agencies. The Mental Health Technician's project is structurally situated in the Ingham Intermediate School District Skill Center and organizationally located in the Health Careers Cluster.

The philosophical and methodological orientation of the skill center and of the training project is that of experiential learning with a task analysis, behaviorial objectives base. Thus, the classroom training gave emphasis to skills development (i.e., observation, empathetic communications, how to give directions, use of activities and crafts for socialization or specific purposes) rather than didactic or theoretical constructs.

Performances listed on an evaluation questionnaire which has been developed have been adopted for use in the program for ongoing trainee evaluations to maintain focus on behaviorial expectations. The use of these performance objectives helped involve the trainees in self-evaluation and identification of their own learning needs in relation to work expectations.

Weekly reports of assigned tasks were accumulated and analyzed during the first year of the project. This was considered to be one of the important and challenging functions of the project in relation to training of skills realistically achievable by trainees at this level with relatively short-term training. The identification and matching of manpower needs and skills developed was an essential ingredient in the selection of priorities of content of training so as to produce marketable skills on graduation.

There were certain problems which deserve mention. The high school trainees were energetic, eager to be involved, flexible, and full of ideas. However, as high school students, they were relatively immature. Hence, clear work patterning was necessary, the accountability/supervisory structure had to be clear, and help was needed during transition of the students from the self-perception of "children acted upon" to "adults in charge." There is also a certain cultural bias which expects adolescents to be giddy and irresponsible; interestingly enough, however, there was little difficulty in finding work placement experiences, and in many instances trainers requested that trainees remain rather than be shifted to the next placement. (Transportation and liability were also problems, but these are common to any high school work-study program.)

Agency needs for manpower in the Ingham County area have changed considerably since initiation of the project. Community mental health services continued to move out of agency confines into the community. This created a greater diversity of function in staff roles and, in turn, made the host mental health agencies too narrow a base for employment openings. In addition, there has been a slowdown on the creation of new positions, and job opportunities have decreased.

It has also become obvious that individuals definitely planning on college should be screened out. Fully half of the first year's class did not seek employment, but rather went on to college. There is no doubt, however, that the program was valuable even to these students in terms of self-development and career exploration.

American Indian Community Resource Worker Training

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**MH-12589 1971-1976

This application was designed to train 10 Northern Cheyenne Indians over a 2-year period, to function as indigenous community mental health workers in cooperation with the Indian Health Service. The program objectives are three: (1) to test and evaluate a model for the provision of better mental health and related services to Indian communities; (2) to provide an example of an upward mobility route for Indian communities; (3) to create a model program which exemplifies, in the area of mental health, a process by which Indian communities can develop the skills to take over management of their own affairs to a greater degree than hitherto. One-third of the training was intended to be within an academic context at Montana State University, and the other two-thirds spent in on-the-job training within the reservation. The training program, as it proceeds, emphasizes increasing the determination of the training content itself by the participants. As the trainees become more knowledgeable about what the requirements are for being a community mental health worker on the Northern Cheyenne reservation, the training is modified to fit those requirements.

The actual selection of trainees was to be a function of a special committee of three Northern Cheyenne individuals who are not members of the tribal council. The committee was to be appointed jointly by the tribal council and the program director and was delegated the responsibility for trainee selection and for continuation of trainees in the program. This procedure was intended to keep the selection of trainees in the hands of the Northern Cheyenne people, while at the same time avoiding the cumbersome necessity for tribal council action on each trainee appointment.

Principal subject areas to be covered during training are as follows: normal psychological development; adjustment mechanism, abnormal and maladaptive adjustments; personality theory and theory of abnormal states; psychotherapy and behavior change; counselling; clinical techniques, interviewing, evaluation, crisis management; culture and personality; personal and community health; social organization and disorganization; available resources and services—local, State, and Federal.

Seven different educational "channels" were to be used, five in the university training phases and two during onreservation training.

1. *Informal, noncredit "courses."* Program material which was not available, or not available in sufficient depth or detail, in formal university courses, but for which qualified people were available on the campus, would be presented in the same way as a regular course but without being established as such at the university. An example would be the material on counseling ethics.

2. *Formal, noncredit courses.* Program material for which courses were already established, but for which the trainees did not meet the prerequisites, would be taken on a noncredit basis.

3. *Formal courses for credit.* Program material for which courses were established would be taken for university credit whenever the trainee met the prerequisites.

4. *Group dynamics training.* As a group, the trainees would be involved in a small group experience under a skilled leader during their oncampus quarters. Groups would meet daily during the week and on weekends if needed.

5. *Discussion with off-campus resource people.* Program material which was not available in formal university courses and for which no adequate or qualified people were available on campus, would be presented by bringing resource people in from outside for "short courses" in a particular area.

An example would be bringing in a representative from a private agency in Great Falls whose function would be to provide information concerning services available to the rural and urban poor.

6. *Work supervision (on the reservation).* Daily discussion of cases and procedure would be held between the reservation supervisor and the trainees as a group, and individual discussion between supervisor and particular trainees would be conducted as often as necessary.

7. *Seminars with off-reservation people (on the reservation).* Off-reservation resource people who have worked in areas similar to the trainees, or who have faced task problems similar to those of the trainees, would be brought in to discuss their own experiences and assist the trainees in working through theirs.

Geriatric Outreach Worker

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MH-12382 1970–1974

This project addresses itself to the problems of assisting older people to remain in their own homes if at all possible, preventing unnecessary institutionalization, and contributing to the well-being of the non-institutionalized elderly by helping to identify and provide services supportive of physical and mental health.

It created the role of "geriatric outreach worker" who, as an outreach employee of a nursing home, social or public agency, has been serving the aged person in his home. Under the direction of the professional social or health-care person or team of the agency, he has been acting as facilitating agent, teacher, and friend, providing or being a link to whatever services are needed by the elderly client.

Inner-city people with adequate personal qualities, without regard to previous education, work experience, or training, have learned to perform creatively the tasks required of them. People with subsistence-level incomes were recruited each year for 3 years, selected through staff interviews, and trained in a program which provided classrooms and field experience for a period of 10 months.

The educational component provided remedial basic and general education as needed, job-related theory and technical skills, experience in understanding and working with older people, and supportive group experiences concerned with learning, work habits, and human relations. The field experience, conducted on alternate days to the classroom work, started with structured observations of older people in the community; subsequently, and for the greater part of the training program, it involved working and learning at several institutions or agencies and, eventually, at the institution or agency where the geriatric outreach worker was to be employed on completion of training. There was a progressive development of the skills needed for working with aged clients in the community. Supervision was provided by a professional staff member of the institution in consultation with the staff of the training center.

The curriculum outline, philosophy of education, and structure and methodology consistent with this philosophy, plus a narrative account of operation of the program, have been compiled and distributed to over 200 universities, agencies, and others requesting this information. A 16 mm. film, 30 minutes in length, called "Reaching Out," showing the development of attitudes in the geriatric outreach worker trainees was produced and is being distributed.

A total of 83 people entered training, and 69 graduated. The third training cycle is still in process, with 32 people in training.

Employment figures pertaining only to the first two cycles reveal that of the 69 who graduated, 52 accepted employment in job-related fields and 4 others obtained jobs as a result of their training but in another health discipline. Salaries range from $4800 to $6500 annually with a median of $5800.

The number of agencies cooperating in

providing training placements increased from 12 the first year to 32 in the third year, and include the County Welfare Department, a chronic illness center, three homes for the aged, a State mental hospital, a State mental health center, 11 public housing estates, the Visiting Nurse Association, five neighborhood community centers, three golden age centers, and a variety of other social and health community service agencies. Major employers are the County Welfare Department, the State mental hospital, the public housing authority, and component parts of the Area-Wide Program funded by the Ohio Administration on Aging under the aegis of a joint project of the Federation for Community Planning's Project on Aging and the Mayor's Commission on Aging.

While there has been city-wide acceptance of the role, funds for employment of the geriatric outreach worker have been a major problem. Agencies were seeking grants from various Federal sources for this purpose. If money is forthcoming, a major hurdle to employment will be overcome; if not, the future of the new role will be in doubt.

From some information gathered recently by the Cuyahoga Metropolitan Housing Authority (CMHA) it can be estimated that this year in CMHA estates alone, 2,000 of the 6,000 elderly residents will receive services from the geriatric outreach workers directly employed by CMHA. There are also geriatric outreach workers in the housing estates who are employed by other agencies, and the numbers they reach are being tabulated in part by the Area-Wide Administration on Aging Program. Statistics on the number of elderly living outside of CMHA estates who are being served by geriatric outreach workers will be available in the final report on the Geriatric Outreach Worker Program.

The unique contribution of the project *was to create a new service role* and the means for implementing it through a training model.

A research project to evaluate the effectiveness of the Geriatric Outreach Worker Program (its counterpart in the CMHA estates was called the Geriatric Technician (GT) Program) was undertaken by a doctoral candidate in the Case Western Reserve University Social Gerontology Program. The project was in two parts: the first focused on the incorporation of the geriatric outreach worker role into existing agencies; the second centered on the situation of the elderly client.

Rather than attempt to ascertain change in the elderly client over time, it was decided to measure the types and intensity of various physical and socioemotional needs of the aged client population. This would establish whether or not the geriatric outreach worker services were necessary. The interview schedule established a need profile of the client population and ascertained the degree of satisfaction with the geriatric outreach workers serving them. Information was also collected on the types of relationships the client desired to have with the geriatric outreach worker.

The findings demonstrated that "consistently substantial portions of the sample have problems in the areas of health, mobility, companionship, and interaction with people and community service organizations, and that help in these areas becomes crucial to the elderly person's maintenance of relative autonomy. The findings presented evidence supporting the need for a paraprofessional such as the geriatric outreach worker."

Another study in process is analyzing trainee attitudes toward aging within each program and the comparative results of all three groups of enrollees.

A cost-benefit analysis is in process.

Training Responsible Adults in Neighborhoods

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MH–12305 1970–1974

The program was designed to train community residents to function as mental health specialists and community workers in low income urban areas. The impetus for the development of the program began with the finding that people living in the neighborhoods served by the school district were dissatisfied with traditional approaches to serving the health, mental health, and social needs of their community. The original model assumed that program graduates would remain free of ties with any specific agency, acting as "floating" neighborhood counselors and consultants, operating out of their homes to render adequate mental health services to their neighbors.

During the first training cycle, it became clear that trainees expected their training to serve as a vehicle for paid career opportunities, rather than just an opportunity to provide essential, but unpaid, services to their community. Therefore, in subsequent phases of development, the program philosophy was modified to reflect the legitimate needs and aspirations of trainees while adhering to the original objectives of (1) providing a pool of mental health specialists to serve residents of the community, (2) providing referral agents to mental health programs, and (3) providing catalysts for social action at the community and block levels.

Since 1970, a total of 16 people have graduated from the program. There were eight graduates in each of the completed cycles—1970–71 and 1971–72 respectively. Nine trainees are expected to graduate in the present (1972–73) and final cycle of the program.

Trainee selection was based on guidelines established by the program development team which was comprised of community residents, staff representatives from social services agencies, and project personnel. The guidelines specified that trainees should possess a potential for forming meaningful relationships, personal warmth in relating to others, freedom from present destructive life patterns, a willingness to help others, and adequate communication skills. Education and/or previous work experience were not considered as relevant criteria for selection.

The program has both an academic and a field component. The academic curriculum was designed to provide trainees with knowledge in interviewing and observation techniques, principles of casework, normal and abnormal personality theory, child and adolescent development, diagnosis and treatment of mental illness, counseling and therapy methods, material on "high risk" groups, applied social service practice, group processes, professional ethics, and principles of the scientific method.

The present group of trainees is involved in academic activities 2 days per week. These activities consist of didactic lectures and group discussions led by the training supervisor, lectures by guest speakers from fields of psychology, sociology, psychiatric social work, administration, and finally field tours and seminars held at a variety of agencies and institutions involved in providing mental health and social welfare services throughout the greater Los Angeles County area. Both formal and informal group settings are utilized during the presentation of academic material.

As stated above, the original field component was designed to prepare trainees to provide mental health services to their neighbors while operating out of their own homes in a nonagency setting. Due to the realization that this particular field model did not provide sufficient career outlets for program graduates or establish good work-experience credibility with area employers, the field component was modified to provide for the assignment of cycle 1 trainees to the South East Mental Health Clinic, Los Angeles County. This initial modification of the field component proved to be highly successful in that seven of the eight cycle 1 graduates were hired in the position of community aide by South East Mental Health Clinic, their former field placement site. During the second training cycle (1971–72), trainees were placed in a variety of field settings at schools and agencies located throughout the target area. The trainees learned valuable social service techniques and marketable skills, while providing essential services to community residents.

At the beginning of the third and final training cycle (1972–73), the field work schedule was increased from 2 to 3 consecutive days per week to (1) provide greater exposure of trainees to practical learning situations, (2) strengthen trainee-client relationships, and (3) maximize the prospects for employment of trainees in field agencies at the end of the training cycle. Trainees are required to participate in both the academic and field components throughout the 10-month training period.

While much of the training period was devoted to teaching trainees the theoretical knowledge, techniques and values of the mental health professions, a great deal of emphasis was also placed on the development of self-awareness and the increased ability to relate to clients who reside in low-income urban communities. The field component was structured to provide trainees the opportunity to (1) work with primary clients in a face to face situation, (2) work with a cross section of client populations, (3) be exposed to assignments which would develop and expand interviewing and communication skills, and (4) act as an agency representative to inform the community about existing programs.

Academic training materials for the program have been developed from (1) major books, articles, and papers by writers in the fields of psychology, sociology, social work, psychiatry, etc.; (2) papers by guest lecturers, i.e., educators, psychiatrists, lawyers, psychologists, and social workers; and (3) book reports and papers by former and present trainees. These materials have been compiled into a curriculum manual which is issued to each trainee at the beginning of the training cycle.

During the initial program year, the trainees and training staff disseminated information about the program through the distribution of printed leaflets to community residents. Newspaper articles and school district communications were also utilized to disseminate information about the program. Finally, the training supervisor, staff, and trainees disseminated program information to the numerous mental health and social service agencies visited over the past 3 years.

The major impacts of the project have been at the local level and may be listed as follows:

1. *Provision of jobs and career opportunities to trainees.* Out of a total of 16 project graduates, 14 have been hired in training-related jobs, and 2 in nontraining-related positions. The cycle 1 trainees employed by the South East Mental Health Clinic, County of Los Angeles, will be promoted from their entry level classification of community aide to the new classification of community worker II. Other positions in which trainees have been employed are community assistant, community mental health worker, community worker, instructional aide, counselor aide, and consultant.

2. *Partial accreditation of training program.* During the third training cycle, the training supervisor and coordinator arranged for Compton Community College to grant six semester units of college credit to cycle three trainees who successfully complete the remainder of the training cycle. The credit will be granted for components of the training program dealing with supervised field experience at social service agencies and curriculum material on small group processes. The college units may be applied toward the requirements for an Associate of Arts degree in social service.

3. *The provision of valuable social services by trainees to clients and agencies in the target communities.* Trainees have served in the following agencies located in the Compton School District: Department of Public Social Services, Los Angeles County; Department of Probation, Los Angeles County; Drew Medical School (Learning Disabilities Projects), Martin Luther King Hospital, Los Angeles County; Model Neighborhood Youth Center, Los Angeles County; Our Lady of Victory Parochial School, Compton; South East Mental Health Clinic, Compton; schools and departments of Compton Unified School District.

Evaluation reports indicate that field supervisors felt that graduates' skills, performance, and work habits were generally quite good, and that they had demonstrated considerable rapport in working with clients as well as agency staff.

The final training cycle of the program ended June 30, 1973. The Compton Unified School District does not have current funds available to extend the training phase of the program beyond this date. Compton College has expressed an interest in seeking funding for the program.

Prevention Oriented School Mental Health Programs

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MH-11820 1969-1976

The Primary Mental Health Project (PMHP) trains school mental health professionals to run school mental health programs emphasizing early detection and prevention of ineffective function at the primary grade levels. It also trains nonprofessional child-aides to staff such programs. Nineteen school mental health professionals (psychologists and social workers) and about 100 nonprofessional "child-aides" have been trained during the 1969-73 project period.

Facilities used include the school districts of the Rochester, West Irondequoit, Rush-Henrietta, and Fairport, and the Department of Psychology and Center for Community Study of the University of Rochester. The project is currently housed in 16 elementary schools in Rochester and Monroe County. Project headquarters and staff are located in the Center for Community Study.

Curriculums, manuals, and reading lists both for the professional and nonprofessional training programs have been prepared. Training includes "academic" and "field" components with heavier weighting of the former for professionals and of the latter for nonprofessionals. Biweekly professional training meetings and consultation to schools are provided throughout the entire school year. For nonprofessionals, core training is conducted during a 2-month period but on-the-job training is continuous.

For the professional the role models being trained for include early detection and prevention; recruitment and training of nonprofessionals; consultative, supervisory, and resource functions; and social system analysis and modification. For the nonprofessional, the role model is that of a child-aide who provides direct helping services to primary grade children experiencing school maladaptation.

The uniqueness of this project derives from its reconceptualization and delivery of school mental health services emphasizing early detection and prevention of dysfunction, new roles for professionals, and new uses of nonprofessionals. The model expands geometrically the impact of helping services, brings assistance to children far sooner than is normally possible, and hopes to short circuit the cumulative debilitating effects of early school maladaptation.

Developments leading to the present program started more than a decade ago. The current project, emphasizing training components, system proliferation and evaluation, is now in its fourth year. Locally, four school districts with about 65,000 children have adopted the model in one or more of their schools. There are 16 project schools, 8,000 project children and 5,000 project primary graders. Some 20 other districts in the region are by now familiar with the project. While many of these districts are interested in adopting it, they are limited by constraints in educational budgets.

With respect to information dissemination, locally there have been a number of newspaper articles, TV appearances, and speeches in school districts, clinical settings, community service agencies and PTA meetings. Many requests have been filled for the professional training curriculum and for the lengthier training manual for child-aides. Indeed, several printings of the latter document have been exhausted. These requests come from Federal and State agencies, school districts, mental health professionals, and educators.

In addition to training school mental health professionals and nonprofessional child-aides who staff the school programs, the project has also worked with pre- and postdoctoral trainees in the mental health fields (psychologists, social workers, and psychiatrists)—more than a dozen during the current program period. A number of these people—now in university, medical school, or school district jobs—are now involved in developing similar school-based mental health programs. Within the project, there has been created a new nonprofessional role, senior consulting aide, a position held currently by six women, four of whom have been with the project for 9 years. School mental health professionals trained through the project have themselves become involved as trainers and supervisors of nonprofessional aide groups. Professional training has resulted in role shifts for such personnel, in their actual school-based functions, emphasizing early detection and screening, consultation, and training and supervision of nonprofessionals.

In May 1972, project staff conducted a week-long live-in workshop for 15 representatives of 10 school districts around the country. Each was involved directly in school mental health programing in a district that knew about, and had interest in implementing, the project. Each was also a person with some impact in his home system. The workshop program included presentation of the objectives, history, and present scope of the project as well as how-to-do-it components. Included were actual visits to school programs and TV tape film-clips of basic project events and activities. Two of the participating districts have already implemented PMHP type projects and four others are currently considering such a development.

Currently being implemented is a more extensive plan to foster application of the Primary Mental Health Project alternative in school districts around the country and also to facilitate further development of the model, using CORE schools in Rochester.

Trainees will be selected from responsible and influential school-based personnel from districts around the country who have expressed interest in establishing early-detection and prevention programs in their respective home districts. The training sequence will begin with an intensive workshop exposure to consider conceptual and operational components of an established, functional program in early detection and prevention, i.e., the Primary Mental Health Project. This will be followed by local, onsite consultation by Primary Mental Health Project staff members to trainees and their associated local district personnel to establish and help root local programs. Trainees will also be given the opportunity to do later, short-term, intensive internships in Primary Mental Health Project schools. Trainees will vary in their professional backgrounds and amount of prior experience. In addition, some 80–90 professionals in training and nonprofessional child-aides will be given training.

Field training will take place in primary grades of a number of schools in the city of Rochester and Monroe County which contain Primary Mental Health Project units that are part of the total program. Lectures, discussions, meetings with school personnel, as well as audio and video tape excerpts of basic project events, will be the prime training media.

Staff members, in addition to the local dissemination activities described previously, have participated actively in representing project work at a national level. This includes talks given at Federal and State agencies, school districts, universities, conventions and professional society meetings, clinics, and community mental health centers, for mental health professionals and/or educators. PMHP has actively pursued a variety of research investigations and has authored, during the current 4-year project period, some 40 technical and nontechnical papers for educational, scientific and public outlets. The research program is varied and includes short- and long-term evaluation studies; process analyses; studies of aide characteristics and aide effectiveness; studies of referral characteristics and of differential process and outcome events for children with differing problems; characteristics of children who terminate successfully and those who do not; utilization of project's services, etc.

There is considerable interest in PMHP activities both in mental health and educational circles. Annually the project sends out 400–500 reprints, copies of test instruments, screening devices, bibliographies, and training manuals. The project regularly hosts local and national visitors representing various professional disciplines and settings. Chapters describing PMHP have appeared in several recent volumes including one by the General Learning Corporation on "innovative school mental health programs" and one by the Office of Education on "mental health and learning."

A private, nonprofit organization, Primary Mental Health Project, Inc., incorporated in New York State, is an active, supportive, citizen organization that exercises an important leadership role in raising funds for the service aspects of the program and in negotiating with school districts for introduction and continuation of the project. The project's funding base is extremely broad. It includes NIMH funds for training and research, roughly 22 percent of the total budget, and the support of school districts, local and State agencies, foundations, private citizens, and voluntary and charitable organizations for the service aspect (78 percent) of the total budget.

Training Leaders in Community Mental Health and Community Development Skills

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MH–11709 1970–1974

The Woodlawn Organization, in conjunction with the Woodlawn Mental Health Center, embarked upon a project to train indigenous community leaders to aid individuals experiencing stressful situations by lending support and by providing ready access to further sources of assistance.

Twelve community leaders were selected for training in mental health and community development skills. The Woodlawn Mental Health Center facilities were used as the training setting for the development of mental health skills. The curriculum included units on (1) the life crisis model; (2) acute crisis reactions; (3) mental health services; traditional and new mental health services and clinical responsibility and commitment; (4) important related social services; and (5) sensitivity training. Discussions were aided by the use of taped community mental health worker/client sessions, role playing, and, most significantly, visits to Manteno and Tinley Park State Hospitals. It is felt that the hospital visits were most particularly helpful to the leader-trainees in heightening their sensitivity for recognizing symptoms of emotional stress.

The day-to-day activities of The Woodlawn Organization provided a focus around which community development skills could be taught, both on the conceptual and practical levels. Training was provided in the following areas: (1) orientation to the total community, including the operation of block club meetings, tenant association meetings, welfare organization meetings, and other local and social civic gatherings; (2) canvassing techniques; (3) group process in community meetings; (4) problem solving through organization; (5) introduction to the target area; and (6) development of the open committee (indigenous community groups). Some writings of the late Saul D. Alinsky were utilized as course material and proved extremely valuable. In addition, role playing aided the leader-trainees in gaining the confidence to assume an active role in organizing the open committees.

The open committee, as planned in this program, is the forum to which community residents go to vocalize their problems and, in conjunction with the leader-developer team and other community residents, develop strategies for solving their problems. Six open committees have been activated and are meeting regularly on a bimonthly basis. Attendance ranges from 10 to 25 community residents per meeting for each committee. The development of a format for each committee has been left to the skill and imagination of the assigned leader. Issues addressed and activities undertaken by each committee have, by and large, been in response to the needs of each given target area. In this respect, each committee is viewed as a separate study, with operational techniques varying from region to region. An area-by-area analysis was conducted prior to the activation of the committees which helped to make the leader-developer teams cognizant in advance of the kinds of problems they might encounter. They, then, were able to develop the proper strategies to initiate their committees and to make them viable.

Intervention resulting in the solution of day-to-day community problems is a goal common to all of the open committees. However, they have functioned in other capacities as well. The activities of the committees range from crafts classes to fund raising for the demolition of abandoned structures. The active participation of community residents has been encouraged by offering a wide variety of activities and issues.

The open committees have had occasion to provide immediate aid to community residents who have brought problems to them, as illustrated below:

> One open committee was approached by tenants of a building with no heat in December, 1972. Within three hours, the committee members had acquired space heaters, blankets, etc., for the tenants. Through follow-up efforts, the open committee was responsible for the heat being turned on in the building the next day.
>
> Two children had been struck by cars while crossing the street on the way to school. The parents in this target area felt that a crossing guard should be stationed at this particular intersection. Through the efforts of this open committee, meetings were held with a representative of the police department, and a police officer has been stationed at the intersection during hours when children are going to and coming from school.

Other such activities and instances of open committee intervention are being documented as the program continues. Clearly, the open committees are more than group therapy sessions; rather, the members meet, identify problems, decide on the appropriate course of action for problem solution, and finally, act in their own behalf. The result of the action is an increased sense of individual and group potency as well as progress in "problem-goal" attainment.

An evaluation form has been developed which is completed by the leader-developer team after each committee meeting. These completed forms are used for purposes of comparative analysis of the open committees.

The leaders have exhibited exceptional growth and development as they have gained experience in their particular function. Of primary significance is the fact that community residents now have a confidence in the leaders and rely on them for support and assistance. The leaders make themselves available at all times to any target area resident who might require help. In one instance, for example, a leader-developer team prevented a suicide, providing on-the-spot intervention until further professional aid arrived on the scene.

Evaluation will focus on the improved mental health of the community resulting from the activities of the personnel trained under this project. The improved mental health of the community will be assessed by means of a number of indices of social disorganization on a "before and after" basis with comparative data from other communities in which the program is not available.

Model Career Development Program for Mental Health Aides

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***MH-11529 1969–1972

The objectives of this project are the development and the evaluation of a training program capable of teaching disadvantaged persons in a psychiatric setting the basic information and generic skills which will enhance their performance in jobs in various human services.

Program development began January, 1967. In November, 1969, the first complete and structured 6-month course was offered. The trainees are referred from federally funded poverty programs such as the Neighborhood Adult-Participation Project (NAPP), the Concentrated Employment Project (CEP) and the Mexican-American Opportunity Foundation (MAOF). Most of them are women between the ages of 20 and 50 who come from economically and culturally deprived areas of Los Angeles. Entrance qualifications are such that potentially successful candidates are not screened out. On the average, enrollees have completed less than 10 years of formal education, though they must be able at least to read and write.

The program is sponsored jointly by the Division of Social and Community Psychiatry, University of Southern California School of Medicine and the Central City Community Mental Health Center. Training takes place in the in- and outpatient facilities of the sponsoring agencies. Trainees participate also in basic education classes; and after they have achieved the equivalent of a high school diploma, they are free to attend some basic courses in the social sciences at a neighboring community college.

The training program consists of (a) observation and participation in clinical services under the supervision of professional staff, and (b) several series of didactic seminars by project staff and invited consultants. The didactic seminars include instruction in personality development, elementary psychopathology, interviewing and case reporting, crisis intervention, group dynamics and group process, and community organization and community resources. All trainees participate in sensitivity training groups. They are also able to obtain counselling for personal problems.

Some trainees had employment assured with public agencies before entering the program. For other trainees, employment had to be procured through the efforts of the project staff. All graduates obtain permanent jobs at the end of their training period.

An attempt is being made to ascertain whether working with mental patients and emotionally disturbed people can reduce in our students prejudicial attitudes concerning aberrant behavior and thereby increase their effectiveness as community workers in a variety of human services.

Of 42 registrants a total of 25 trainees participated successfully in the training program. Upon completion of at least 6 months they were transferred to permanent job placements in a variety of public human services (welfare, probation; various sections of the Medical Center). One graduate became the director of a sectarian youth agency, another was in charge of a geriatric program at a community mental health center, a third initiated an aide program at a privately funded children's hospital.

Forms were developed to follow up the evaluation of the training efforts. The time has been too short to permit definitive conclusions.

Much valuable experience was gained by the staff in the first year of funding. What appeared a simple project at the beginning turned out to be a rather trying effort in its execution, fraught with unexpected complications. Administrators—and even more so, mental health professionals—welcomed the initial efforts. The performance of the trainees with patients drew many positive and endorsing comments. As the project progressed and it became necessary to secure jobs for those without previous commitments, bureaucratic barriers and professional resistance created serious obstacles. The uncertainty about the future affected the morale of the trainees. Absenteeism, lateness, and intragroup tensions became serious problems. Much staff time was deflected from the primary goals of teaching and had to be spent on efforts of mediation and trouble shooting as well as reassuring the students. Nevertheless, staff was successful in creating a number of new positions at the Medical Center in which the graduates perform valuable liaison services between the hospital and the community.

A survey of local job opportunities by the staff community organization specialist revealed that most private agencies are reluctant to introduce budget items for new careerists. Thus, at the time of this writing, virtually no jobs were available in the private sector. If acceptance is to be established for the new careers program, it will be necessary to stress employment of community workers in publically funded agencies which respond more readily to community demands. The community can work for innovative programs and for the utilization of people from disadvantaged and minority groups in public human services.

The low scale of compensation during the training period and in entry positions almost eliminated the participation of men in this program.

The accumulated experience of the first funded year is currently reevaluated to furnish a more realistic basis for continued efforts. To reduce the rather high drop-out rate, entrance criteria will have to be carefully reappraised.

In order to facilitate the integration of new careerists into established facilities, employer agency and supervisorial staffs will have to be oriented in advance.

It is also contemplated to invite community representatives to participate in the assessment and in the modification of the training program.

The project staff has been participating in several regional and national conferences to exchange experience with other teams involved in the education of new careerists.

Staff, at a recent national meeting of the American Orthopsychiatric Association, initiated and conducted a workshop on resistance by agencies and professional groups to the introduction of new careerists. The workshop brought to light many apprehensions and resentments in professionals and nonprofessionals alike. It culminated in the passing of a resolution urging the executive council of the association to admit qualified new careerists to its membership and invite new careerists to all proceedings on matters concerning them.

Community Mental Health Expeditor Project

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MH-11382 1969–1972

The Community Mental Health Expediter Project evolved from a wholistic conception of psycho-social-emotional problems which assumes that such problems result from an insecurity which perpetuates, and is perpetuated by, networks of ecologically interdependent social, psychological, physiological, and environmental processes. Hence, such problems depend not only on factors within the person, but are also integrally entwined with the world outside—other people, the community and its resources and opportunities. Thinking thus, office-bound treatment is often not enough. Clients also need someone to expedite—to assess situations, to provide information, to lend a hand and support when and where needed, to serve as advocate, and to obtain both intake and feedback information for agencies. That is, to serve the "total person," a new team member is essential who, like social workers of the past, is active in the community.

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The purpose of the CMH Expediter Project was to develop a program for selecting, training and placing paraprofessionals in such capacities. Admission to the program was open with regard to age (beyond 21), sex, race, religion, and education. Applicants were evaluated mainly by interviews with special attention given to warmth, empathy, genuineness, interest in human service and freedom from personal constraints such as involvement in divorce proceedings, etc. The large majority of trainees were middle-aged women with about 12 years of education. About half had received outpatient or hospital care for emotional problems. Comparisons between ex-patients and nonpatients showed no significant differences in effectiveness on a number of pertinent variables.

Training focused on developing skills and knowledge in four major areas: (1) communication (interviewing, listening, observing, recording, reporting); (2) human problems (basic awareness of a broad gamut of problems from poverty to psychoses); (3) human relations (e.g., consideration, ethics, advocacy; also necessary controls such as avoiding dependency and limiting excessive demands); (4) community resources (a thorough familiarity with all major agencies and means of gaining information about resources for unique needs). It was not intended that students be trained as psychotherapists. Instead they were oriented toward becoming situational therapists.

Training lasted 9 months. Three months were devoted to "classroom" work in the four major areas listed above. (After much careful deliberation it was concluded that courses in academic social sciences would prolong training out of proportion to their direct bearing on the kinds of services expediters were preparing for. Thus, the only required academic subject was language usage.) During this phase, a variety of teaching methods were used including tours of agencies, group discussion, role playing, invited speakers, practice interviewing, films, case studies, giving and writing reports, simulated client experiences, lectures, and reading assignments.

The remaining 6 months of training consisted of closely supervised field placements. Each trainee served in one of twelve participating agencies. Students had a variety of options for selecting a field placement with types of services and clientel that interested them most. Field placements included the State hospital, a VA hospital, social service units of two general hospitals, a private psychiatric hospital, a mental health center, a RECOVER rehabilitation program, the police department, a CAP health program, a family counseling service, two public school districts, a WIN program, and a Public Health Nursing program. Supervisors at each agency met several hours a week with trainees and also held bimonthly sessions with trainees and program staff. One afternoon a week was devoted to a group meeting with program staff. In addition, trainees attended lectures, seminars, films, and workshops.

The 9-month program was fully accredited by the Tacoma Community College. Upon graduation, trainees received 45 credit hours which were transferrable if they wished to further their training.

Twenty-five students began the program; of these six dropped out. From the standpoint of employment, there were more openings than graduates to fill them. Placements were in a variety of settings including the mental health center, social work unit of a general hospital, Army hospital drug program, public school district, housing authority, and library nursing home program. Although the idea of community liaison roles is not new, surprisingly, to have available people *trained* in such capacities appears to be novel. Agency supervisors were unanimous in endorsing the need for such workers and where possible created relevant job slots. Efforts were even made to do this in the State Civil Service system.

The need for expediters was further corroborated by a survey conducted in both Tacoma and Seattle in which responding agencies projected a need for such workers which exceeded the number of graduates that could be produced by forty 9-month programs with the same output rate as the project (nineteen in 2 years).

Because of the project's favorable reception, proposals were prepared and submitted to NIMH for an expanded associate degree version of the program. Proposals for expediter programs at community colleges in both Tacoma and Seattle were approved and began in July, 1973.

In summary, the CMH Expediter Project demonstrated that people without college training (but with strong human service interests) could acquire sufficient practical knowledge and skill to become effective community liaison workers with 9 months' training. Training itself concentrated on subject matter necessary for competent performance. Other than learning terminology and concepts commonly employed in mental health, academic social sciences were intentionally omitted. A major part of training consisted of active experiences, seminars and carefully organized and supervised practica in field placements. Surveys and employment of graduates indicate that many different human service agencies see a real need for expediters and anticipate more openings than could be filled by several training programs.

Training Mature Women as Mental Health Rehabilitation Workers

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MH-10538 1966-1969

Since 1964 the Department of Psychiatry of the Albert Einstein College of Medicine has offered a program to train mature women to help chronically mentally ill patients with daily living problems and supply ongoing therapeutic relationships. From 1966 to 1969 the National Institute of Mental Health funded the program with the goals of (1) demonstrating the feasibility of training a new type of mental health worker who would identify and nurture the strengths of emotionally disturbed patients and help them attain and maintain their optimal social adjustment; (2) developing criteria and a method of selecting trainees; (3) developing a curriculum geared specifically to the objectives of the program; (4) assessing special problems associated with the creation of these nontraditionally trained professionals; and (5) publicizing the program and assuring its continuation and adoption in other centers. Fifty-nine persons have been successfully graduated from the program, and five trainees will receive their certificates in 1973. Funding since 1969 has come from New York State Department of Mental Hygiene, the Department of Psychiatry in which the training is taking place, and, finally, tuition. This limits selection although some scholarship planning is offered outstanding applicants unable to pay.

Selection has been limited to married women, 35 to 55 years of age, whose children are over six years of age, with a high school education or equivalent as a minimum requirement. The target population was the mature mother whose nurturing and problem-solving abilities were no longer needed by her family and to whom other avenues of meaningful training were closed. Additional requirements for selection are sensitivity, warmth, flexibility, spontaneity, lack of defensiveness, ability to tolerate anger and frustration and to avoid exploitation of patients for inappropriate personal needs. Average age at entry into the program has been 46 years. Average age of children at mother's entry has been 22 years; average number of children, 2.6. There were 21 high school graduates, 18 college graduates, and the remainder had from 1 to 3 years of college.

The primary base for the training of the workers has been the 1200-bed Jacobi Hospital of the Bronx Municipal Hospital Center. The catchment area includes residents with a wide variety of social, ethnic, and economic backgrounds, and patients manifest a wide range of social and psychiatric pathology.

Six to eight trainees have been trained per year. At first the program ran 3 days a week for 8½ months but has been extended to 4½ days a week for a full year with the usual academic vacations. A second or intern year is offered (and sometimes required) for specialization and consolidation since trainees vary a good deal in rate of learning and in natural and required skills. On satisfactory completion of each year of training, a certificate is awarded by the Department of Psychiatry of the Albert Einstein College of Medicine.

The formal course of study includes: personality development and psychopathology; methods of treatment; utilization of community resources; and several special units. A unique aspect of training has been for leadership of long-term supportive social groups of chronically mentally ill patients. This training consists of a presession discussion, meetings with the group of patients (first as observers, later as coleaders) and a postgroup session. These groups, in which 25 to 30 patients are enrolled, include social activities and a period of general discussion focused on the emotional handicaps of the patients. Patients in these groups often develop the strength to relinquish long-standing crippling symptoms (phobias, social isolation, unemployment). Since this training gives the workers an exceptionally useful tool, on their jobs they have very often set up similar groups or expanded the effectiveness of existing group programs. Their work with aged psychiatric patients has been very effective. This course is now well handled by a graduate of the first class who had only a high school education prior to completion of training at Einstein.

The role of the trainees which has been evolving most closely resembles that of the social worker with special emphasis on improving functioning although their intervention, always under supervision in the training setting and strongly recommended in others, may be termed therapeutic as well as supportive. The first groups of trainees encountered scepticism and resistance from some sources, and while this is still so, it has diminished. It is the condition of the job market, as much as their unusual training, which creates difficulty in finding positions. Thus far every graduate who wanted to work or to enter an advanced academic program has been able to do so. Thirty, more than half, are currently employed in various facilities of the Bronx Municipal Hospital Center and the Albert Einstein College of Medicine. Others are employed in psychiatric wards or hospitals, in nursing homes, and in alcoholism units. One has been commended by the State of New York Mental Hygiene Department for her program of temporary relief placement of retardates, and the Department has recommended adoption of the program by other similar institutions. Some have found positions as consultants or liaison persons in nursing homes, schools, and colleges. Several graduates have taken the New York State Civil Service examinations successfully. Half the graduates have pursued or are definitely planning to pursue formal education in degree programs, and an additional 27 percent are seriously considering doing so. A good many of the graduates occupy positions created for them. Hence, it is felt that this training program and others similar to it have been instrumental in bringing about reevaluation of the nature and function of mental health services and training, and the field has been forced to reexamine its assumptions about the qualifications required of entering trainees.

The program has a number of unique aspects: It is completing its ninth year of operation; the didactic and clinical material are carefully coordinated; biweekly conferences of total staff continually evaluate performance and problems of individual students; the program takes advantage of the rich and varied learning opportunities of an outstanding department of psychiatry; placement of graduates has been in a variety of settings involving more than mental health positions; graduates have expanded their activities into such work as teaching and administration; an active alumni association has been formed which is helping with screening of applicants, with publicity, and with the search for job opportunities for graduates; high standards of quality and excellence have been maintained in the choice of applicants and in teaching and supervision; avenues have been opened for higher education and for the acquisition of credentials, and many graduates have shown considerable professional growth in and dedication to the mental health field; the dropout rate has been low; and many professionals have been exposed, with good results, to this new type of nontraditionally trained worker.

Hundreds of letters requesting information about the program have been answered; at first a printed brochure was used; currently an up-to-date report is available. A paper appeared in the *Community Mental Health Journal*, Vol. 5, No. 1, Feb. 1969, "The Mental Health Rehabilitation Worker: A New Member of the Psychiatric Team"; the directors have appeared at several workshops of mental health organizations to describe the program; a workshop was held at the medical school for representatives of over a hundred mental health facilities; workshops were coordinated at the 1969 and 1973 meetings of the American Association of Orthopsychiatry; and two graduates presented a paper, "An Assessment of the Effectiveness of Some Non-traditionally Trained Mental Health Workers" at the 1973 meeting. Each year there have been newspaper items with photographs about graduation of trainees in their hometown papers. Several special reports in Einstein newsletters have also appeared. The graduates working with geriatric patients and the program director have appeared on a New York City television program. The alumni involved in recruitment described the program in *New York Magazine* in an advertisement. The directors have acted as consultants to religious and community groups wishing to institute similar training programs. Several modest programs are already in operation in the Bronx.

This program is no longer being funded by the NIMH or the private source which supported the program in its early years. The program was continued with support from the Department of Psychiatry which paid for the program secretary and which released staff time for teaching and supervision. The State of New York provided a tuition grant for 1 year. However, it is now necessary to charge tuition.

Training Program for Community Mental Health Aides

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***MH-10510 1966-1969

This project trained indigenous nonprofessionals as community mental health aides for placement in a variety of facilities integrated into a community mental health program. The program aims to extend and enrich the training of presently employed mental health aides, to supplement the training of professional and subprofessional supervisory personnel of such workers, and to develop and refine texts, audiovisual, and other teaching materials. The long-range goals of the project were to (1) develop new mental health manpower, (2) improve the effectiveness of mental health services in disadvantaged urban areas, and (3) provide new jobs and careers for residents of low-income communities.

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Use of Nonprofessionals in Mental Health

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***MH-9525 1966-1967

This project, under the joint sponsorship of the American Psychological Association and the National Association of Social Workers, convened two related conferences on the use of nonprofessional workers in mental health. Phase 1 consisted of presentations on and discussions about various programs which are presently training and/or utilizing nonprofessional mental health workers. Resulting from phase 1 were summaries on active programs, working papers, and a systematization of current experiences and issues which served as the focus for phase 2. The phase 2 conference dealt with policy implications in training and manpower development, and resulted in a major document on these vital issues, a book entitled *Nonprofessionals in the Human Services*, edited by Grosser, Henry, and Kelly.

Training Program for Child Development Counselors

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MH–8322 1963–1967

This program explored, developed, and evaluated a program for recruiting, selecting, training, and utilizing mature, married women who have had the experience of bringing up their own children, as child development counselors in child health centers and related settings in the District of Columbia. The training program consisted of didactic lectures and discussions, case seminars, observations, and participation in nursery schools, and supervised practicum in well-baby clinics.

All but one of the women trained in this program have been utilizing the skills they acquired in mental health service delivery settings where they have concentrated on dealing with the developmental problems of young children. Unfortunately it was possible for only one of the trainees to function in a well-baby clinic as originally planned. They were in the forefront of the paraprofessional movement and the "establishment" was not ready to accept them. This was not true at the local level where the women had trained in the clinics and were well accepted. The funds arranged for their work in the clinics were blocked at Federal agency levels because nursing and social work staffs felt that these new workers were encroaching on the traditional areas covered by their disciplines. However, the majority of the group were quickly employed by community mental health programs where their skills were highly valued and well utilized.

One of the training program's graduates went to work in a large day-care association where she became a supervisor and training director for child development workers in day-care centers. The graduate who made a well-regarded preventive contribution in a comprehensive child health center found after 2 years that additional training would be necessary for advancement. Three others from the community mental health center had similar experiences. These four, half the original group, have now completed social work school where they found that their earlier training was duplicated. The rest are functioning in the mental health center in intake, outreach, and parent work.

The curricular materials and teaching and supervisory methods have been found useful in the training of infant specialists who work in Parent and Child and Infant Education Centers. The training techniques are equally applicable to child-care workers and counselors in the expanding day-care programs.

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EARLY CHILD CARE PERSONNEL

Mental Health Training for Supervisor-Trainers in Day Care

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**MH–13410 1973–1976

The objective of the program is to train supervisor trainers of day-care centers. An underlying premise is that the supervisor-trainer role is a pivotal one in safeguarding care of the children since the supervisor-trainer carries responsibility for supervision of child-care practice, organization and conduct of inservice training and for guiding the utilization of education and training offered by educational institutions on an extramural basis.

Within the grant period of 36 months, training will be provided to two classes of 16 to 20 trainees each. Curriculum will be implemented through group seminars and tutorials. The latter will consist of onsite consultation on supervisory practice and in-service training. The conceptualization and design of this program incorporates the insights gained in the conduct of a 2-year experimental program for workers in infant group day care previously funded by NIMH (MH 12495).

In addition to meeting urgent manpower needs, the training program will seek to articulate the role of the supervisor-trainer, clarify principles and practice of supervision in day-care service, and evaluate the teaching model used to achieve these goals. The Agency for Child Development, which plans, administers and finances the day-care program of New York City, has affirmed the need for this type of training program and will try to provide tuition for employees of day-care centers funded by it who may enroll as trainees.

The primary group of trainees will be directors, educational directors, and supervisors employed in day-care centers and instructors of day-care practice in institutions training workers for day-care service. Seminars will be held at the headquarters of the Institute for Child Mental Health and tutorials will be conducted in the day-care centers where trainees are employed or serving internships. The project will utilize current staff of the Institute and part-time consultants and evaluators. An agreement has been reached with Empire State College to provide college credit for the training.

The training will draw upon the following content areas: (1) focal concerns in child development; (2) principles and practices of supervision; (3) administrative aspects of supervision; and (4) evaluative procedures and methods. The curriculum is not formal, academic, or static. Rather, it is conceived of as a dynamic interaction between a group of trainees and a group of professionals representing excellence in the relevant fields, who are together engaged in the analysis of given experience in the day-care context. Hence, the course of study for each student is individualized in terms of each student's needs.

Behavior Modification Model to Train Day-Care Workers

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MH12565 1971–1974

For the past 2 years, the Learning Village in Kalamazoo, Michigan has been the site for the development of a model program to train day-care workers in behavior modification techniques. The Learning Village is a preschool program for an integrated population of economically disadvantaged and advantaged children from the ages of 2 months to 6 years. At the Village, behavior modification techniques are used to shape and strengthen the academic, social, and emotional behaviors that constitute mental health; it is a program for the prevention of mental illness.

Under the auspices of NIMH the Learning Village has developed a model program to train day-care workers both in the college classroom and in the course of inservice training. In this effort, Western Michigan University has provided a context in which classroom instruction can be given for credit both to disadvantaged college students enrolled in the Martin Luther King program and to a cross section of other college students. WMU has also provided support money for some students as they have worked at the Village and received inservice training. The local Youth Opportunities Unlimited program has directed to the Village disadvantaged high school students who receive inservice training as they work. The local Community Action Program has been very helpful in providing food services. The Michigan Department of Social Services has located children and adults who have participated in the program.

To date over 350 people have been trained. Over 250 of these were students in the Martin Luther King program who were exposed to classroom instruction and observation time at the Village. Approximately 100 college students, 25 parents of children enrolled at the Village, and 35 YOU personnel have received inservice training.

A packet of materials has been developed for use in both classroom and inservice training. It includes general materials on day-care regulations and procedures and information on behavior modification. Objectives have been formulated. In addition, a packet of workshop materials was compiled that has received considerable attention.

A film entitled "One Step at a Time: An Introduction to Behavior Modification" has been produced that shows behavior modification in action at the Village and will serve as a teaching aide. The film will be distributed by CRM, the publisher of *Psychology Today*, and should reach a wide audience. A book entitled *Control of Human Behavior. Vol. III: Behavior Modification in Education* is now in press at-Scott, Foresman Company. As its title suggests, it is designed to serve as an introduction to behavior modification techniques and programs in education. If its sales match those of earlier volumes in the *Control of Human Behavior* series, it should become a major textbook for use in training educational personnel in the use of behavior modification.

An estimated 20 percent of the people trained have subsequently been employed in day-care positions. Many of these have worked at the Village, some of them disadvantaged youth that have become mainstays of the program. One YOU worker was hired as a full-time teacher and eventually became director of the toddler program. A mother of former Learning Village children now directs the entire Village. Other trainees have gone on to work in, administer, or even initiate other day-care programs. For example, people trained at the Village have taken jobs at local private nursery schools or in Head Start programs. A mother of one of the Village children began as a teacher who received inservice training, became director of the nursery program, and now directs the Head Start program in Battle Creek. A college student who has trained at the Village and worked there for several years has established a cooperative day-care program in Ann Arbor.

Although the Learning Village has served

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children and adults from a variety of socioeconomic backgrounds, its major interest has been in the prevention of problems in a disadvantaged population through the use of behavior modification in early education. Similarly, in training day-care workers, the program hoped to create people who could go forth into other disadvantaged populations and likewise prevent problems. Unfortunately, however, positions in public programs for the disadvantaged have become more and more scarce. Many of the trainees, as a consequence, are going to work in private programs supported by tuition.

Nevertheless, early education remains a major hope for improving the lives of both disadvantaged and advantaged people by preventing the problems that are so costly to remediate both in terms of suffering and of money. Behavior modification has proven to be one of the most effective techniques for making early education effective. If the use of behavior modification programs for young children is to increase, trained workers are needed. In fact, the training of workers in itself generates programs. Conversely, training increases the productivity of the workers' lives and their understanding of children and themselves. In the long run, stubborn adherence to this basically constructive strategy will produce far-reaching results.

Infant Day Care

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MH-12495 1970-1972

The Infant Day-Care Training Project was designed to prepare both professional and nonprofessional personnel to staff infant day-care centers. During the 2-year demonstration, 37 nonprofessional workers in 3 day-care centers serving infants received training. Seventeen parents who worked part time either on a voluntary or salaried basis also participated in the training program. Each center presented diverse parent populations, ethnic and economic backgrounds. Thus the project provided a variety of contexts in which to test the training model.

The nonprofessionals and parents had had no prior training in the care of infants. Their educational backgrounds ranged from one or two years of high school to some college courses. Three of the trainees had completed college or had received a nursing diploma.

The traditional approach to the training of day-care practitioners is to arm the practitioner with a store of knowledge which will be maximally useful in the negotiation of situations encountered in the ongoing work context. If the problem is conceived of in this way, then didactic devices such as lectures, programmed reading materials and occasional consultation are the effective media through which such training is accomplished. Efficiency in this context generally means low cost per student, since one teacher can reach many students. Yet experience in the project suggests that this kind of efficiency is usually achieved at the expense of proficiency since the traditional model of training deals with only a part of the training process.

The Institute's earlier work in training of practitioners has suggested that the immersion in a practical work situation presents important opportunities for training that extend far beyond the acquisition of relevant available knowledge. The missing components may be designated as "problems of utilization in practice" or "the translation of knowledge into technology." Perhaps the most important concept clarified by the experience was that the training process evolves out of the dynamic interaction between the trainees, their value systems, receptivity and learning capacity, the tasks which they are called upon to perform, and their relevant skill and knowledge.

The demonstration program for nonprofessionals was designed to increase the workers' sensitivity to infants, self-awareness and openmindedness rather than training for specific skills. Most trainees had had extensive child care experience as mothers, aunts, nursemaids, grandmothers or babysitters, and derived satisfaction from their skills in handling infants and toddlers. What they needed to become more sensitized to was the more subtle processes of the children's learning and affective development.

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[1] For current information on the project, contact Mrs. Frances K. Alston at the Institute for Child Mental Health.

Practice as the medium for the training of skills and knowledge can best be taught as it provides guidance in solving actual problems in the care of children. Practice, defined as the means by which the center's goals for the children are attained, provides the channel through which knowledge related to the practitioner's experience can result in changing specific behaviors toward the children. The training process thus becomes the analysis of the goals for the children and the problems associated with their attainment. The training content becomes the professional knowledge brought to bear on these problems. This provides a framework in which other concepts of personality development, values, and practices in child rearing become more meaningful and potentially acceptable to the trainees.

In addition to the nonprofessional staff and parents, a group of 12 infant day-care center directors received training over a period of 5 months. This involved seminars, tutorials, field trips and workshops in which the directors learned to use evaluation test materials with infants of various ages.

A 2-day conference was held in April 1971 of leaders in infant care to consider some of the major issues on the care of infants and in training of workers to deliver high quality care. The project staff also collaborated with a number of community colleges planning day-care training programs. There were also conferences with the staff of the New York City Department of Health which is responsible for the supervision of early childhood programs as well as with members of the administrative and planning staff of the day-care program of the City of New York.

Short-term consultation was provided to more than 30 day-care centers who either have included infants in the population they are serving or plan to do so when the centers are established.

The project was described at the April 1972 annual meeting of the American Orthopsychiatric Association in Detroit. Following the presentation, several groups of educators visited the project.

A final report, *Building Skills for Day Care of Infants*, describes the project and is available from the Institute for Child Mental Health.

Training for Intervention in Early Childrearing

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MH–12168 1970–1973

This project, housed in Columbia Point Health Center, a pioneer community health project, was designed to prepare women from the community, with a previous year of training in a day-care center of very young children from high risk environments, to work in the homes with families on child care and child development issues.

Fifteen women and one man under a New Careers program, sponsored by OEO, completed 1 year of training to become day-care workers. Ten have completed the second year program, funded by NIMH; five have received their AA degrees as well, completing their course of training to serve as family intervention specialists in child care problems. Seven more trainees are progressing successfully toward program completion.

One purpose of the program was to explore a new source of personnel. Only candidates fulfilling New Careers criteria, i.e., with incomes under $3,500, were accepted. A minimum tenth-grade education (with high school graduation preferred) was required. Married women with children of school age, who enjoyed working with young children, had good impulse control, flexibil-

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ity, and stable, cheerful personalities were sought.

Health Center personnel including pediatricians, nurses, social workers, and family health workers cooperated in the training program. Wheelock College contributed instruction in early education and Garland Junior College provided a liberal arts curriculum. Courses and supervision provided by project staff at the Health Center were also accredited by both colleges.

The project's goal was to train outreach workers to identify vulnerable children and to assist families in functioning with more stability and organization. The training given in the areas of child development, psychopathology, and modified casework was derived from psychoanalytic principles and current research. This practical and theoretical training was designed to provide the trainees with skills necessary to assist the families and to help modify negative child rearing practices.

Functioning within the Health Center, the training program has influenced other health care discipline members in many positive ways. Pediatricians have become more sensitive to early mother-child relationships and have invited project members to help in pinpointing developmental lags, particularly in the emotional area. The nursing staff, working closely with project trainees, respected the focus on early childrearing and helped to reinforce the work of the trainees with the mothers. Some of the younger nurses, especially, developed greater awareness of the significance of the early years. In general, the program has encouraged other health care personnel to become alert to early signs for concern in relation to mother and child.

The small community served by the program also derived substantial benefits. As many mothers began to comprehend the respect paid to the mother role by the trainees, they started to view their younger children more positively. In turn, these mothers then felt encouraged to give more of themselves to their children and simultaneously to learn more about child development as reflected in their individual children.

Finally, paraprofessional performance in the program helped provide status to the role of paraprofessionals in general. The trainees were listened to by the professionals because what they had to report about a family was relevant, significant, and based on accurate observations.

A large number of people planning day care for infants and junior toddlers from deprived homes visited the project and requested advice. Among them were the Children's Medical Center staff which was planning an outreach program with satellites in the community; the Martha Eliot Health Center Day Care program; the joint program of the Massachusetts Welfare Department, Section for Abused Children, and the Junior League; and the Model Cities staff which was planning a model child day-care facility for children from birth to eight—all located in Boston. Using the project model as its core, the Tufts Community Mental Health Children's Section wrote a grant request focusing on prevention. From Worcester, Massachusetts, a group which was making plans for day-care facilities for vulnerable and already damaged young children consulted with the project staff.

Out-of-State visitors came from Philadelphia, Chicago, and Los Angeles. The program was visited by a group of teachers from Japan, headed by a psychiatrist charged with setting up a mental health program for all of Japan, and by a psychiatrist from Geneva, Switzerland appointed to direct a university child psychiatry program for children from birth to 8 years. Information about the program was also requested by an innovative mental health program in the 13th district of Paris.

In 1972 Dr. Pavenstedt received a citation, the annual APHA award in honor of Martha Eliot, for exceptional health service to mothers and children, in recognition of her work.

Information about the project has been disseminated through papers presented at professional meetings in Chicago, San Francisco, New York, Washington, Boston, and Philadelphia. Publications include articles in *The American Journal of Nursing*, *The American Journal of Public Health*, and a brief summary in *Psychoanalytic Quarterly*.

Positions obtained by graduates of the program have been primarily in two areas:

(1) child care workers with vulnerable infants and toddlers, including work with the parents and (2) case aid positions in another health center. Both areas utilize the expertise acquired in the training program. Currently one trainee is participating in the establishment of an infant-toddler unit for emotionally handicapped children while working with the children's parents.

Although the trainees were sufficiently well organized at the beginning to engage in the training program, personality measures administered at that time (MMPIs, Polansky's Maternal Characteristics Scale completed by their supervisors, and Cohler's Maternal Attitude Scale) indicated that they were hampered in utilizing their full capacities by feelings of apathy and futility, limited impulse control, difficulties in openly discussing attitudes and feelings important to them, and by some degree of social detachment. Preliminary data on 10 trainees so far completing the program show some improvement along all these dimensions. Cohler's Maternal Attitude Scale also indicates shifts by the end of the program. Trainees have become more flexible toward child aggressiveness, more aware of infants as socially responsive beings, more able to achieve emotional distance from the child, and more aware of the complexities of the mother-child relationship, with newly developed questioning about formerly held beliefs and methods of childrearing. Even if small, the positive changes in these areas will enable the trainees to function more adequately and to make more effective on-the-job use of the childrearing, social work, and academic skills acquired during the training program.

There are no current plans for continued funding of this project after its termination. However, it has cooperated closely with the Health Center day-care unit for high risk children in which the trainees received their first year of training under New Careers and that unit will continue to be funded by the Massachusetts Department of Public Welfare. Currently three program graduates work with the children in the unit and a fourth serves as outreach worker.

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CHILD CARE PERSONNEL

Training Child Mental Health Specialists

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**MH-13426 1973-1977

This project is a multiagency endeavor designed to develop a training program to prepare several levels of mental health personnel competent to participate in a broad range of preventive and therapeutic child services. The lead agency, Parents and Friends of Mentally Ill Children, will contribute community input and support and act as fiscal agent; a local public community college and a local private college will participate in student recruitment, in developing and offering the necessary curriculum, and will award—as appropriate—the A.A., B.A., and M.A. degrees; and the children's service of a State mental hospital will participate with the colleges in determining and implementing the total curriculum, with particular responsibility for the clinical portions. A new professional—the Child Mental Health Specialist—will be trained for the care, treatment, and education of emotionally disordered children from birth to 18 years and for the prevention of the occurrence of such disturbances. The new specialist will fill the gap in the child mental health field which now exists between the highly sophisticated clinically skilled child psychiatrist and the untrained and poorly trained nonprofessional and paraprofessional who works with children.

Three different but complementary academic and clinical programs will be offered leading to the A.A., B.A., and M.A. degrees. Emphasis in training will be on practica, i.e., on learning by doing, in a clinical setting rather than in an academic one. The teaching team is to be interdisciplinary, and the members will be clinically experienced, oriented, and active. Academic knowledge is secondary to clinical skill; the whole child is emphasized rather than the pathology; prevention rather than treatment is of primary importance; thus, developmental dynamics rather than static pathology is to be stressed.

All graduates of the three programs will acquire basic competence in the care, treatment, and clinical management of children, but will have acquired various degrees of sophistication to meet the different treatment needs of disturbed children. The A.A. students will be competent to carry out activity and treatment programs, under professional supervision, which will provide the maximum personal growth and development of mentally ill and emotionally disturbed children and adolescents to prepare them for return to the community. Routine tasks will involve intensive work with small groups of children or with individual children, generally of ages 4 to 16, in structured daily activities which are planned for the children's rehabilitation. In addition, they will be able to function as assistant teachers in E.H. classes as well as in special classes for the emotionally handicapped in public schools, as assistant therapists in day treatment centers, in the therapeutic nursery schools, in Head Start schools, and will also be able to function as cottage parents in residential treatment centers in the community, in children's units in State hospitals, and could be of great help in day-care centers.

The graduate with the B.A. degree will have had considerably more clinical training and will therefore be much more independent than his colleague with an A.A. degree. He will be assigned a more responsible role in managing children in a cottage, day treatment center, or therapeutic nursery school. Candidates with a B.A. will be able to be in charge of a Head Start program or a therapeutic nursery school program and will be in a position under professional supervision to do psychotherapy with children. They will be employable in day treatment centers and residential centers, and will also function as parenting figures in Satellite Homes. Finally, the B.A. graduate will have an opportunity to continue his training and his education towards an M.A. degree.

The candidate for an M.A. degree will acquire 3,000 to 4,000 additional hours of supervised clinical training and experience in working with severely disturbed children. He or she will, during these last 2 years, have additional training in learning difficulties, in speech and language pathology and individual psychotherapy as well as in group and family psychotherapy. Graduates with an M.A. degree will be able to function as program directors in residential and day treatment centers, day-care centers, Head Start centers, and therapeutic nursery schools. They will function as surrogate parents in Satellite Homes and will be able, after such experience, to supervise and train other parenting figures with less experience in Satellite Homes. The graduates with an M.A. degree will be able to do research under supervision. They will be able to work independently, and they will be in a position to work with the most disturbed psychotic children and to do psychotherapy more in depth than, for instance, the B.A. graduate will be prepared to do.

The trainee population will be a heterogeneous one which includes lower level hospital employees, teachers and nurses, and B.A. graduates from other fields. Selection will strongly depend on high interest in child mental health and in the program.

The program will attempt to develop a model for collaborative programing and organization. It is intended that the model and the training techniques and materials be replicated in other areas of the Nation.

Manpower for Primary Prevention

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**MH–13294 1973–1976

This program is designed to train both professionals and nonprofessionals in preventive mental health. The purposes of the program are (a) to provide a model training program that prepares mental health professionals to become specialists in prevention in the community; and (b) to provide a training program for nondegreed community volunteers to become instructors for mental health education in the community.

The training program for professionals consists of seminars and field work conducted at the field site, which is a mental health clinic servicing a lower and lower-middle class white and minority population. Program components include basic consultation, crisis-oriented mental health education, mental health education, administration and planning, an independent project, and independent research.

The program for nonprofessionals consists of selecting housewives from ongoing parent-child communication courses offering a training program for potential instructors using role-playing techniques, and consultation followup.

Provision will be made for evaluating the effectiveness of the programs and disseminating findings to other mental health and academic centers in the form of journal articles, presentations, mental health education manuals, and a pilot film on training community manpower.

The overall objective is to develop strategies that other clinics can then use to provide primary prevention in their communities, specifically wide-scale mental health education, using housewife "consumers" as a source of new manpower, and training professionals as their backup.

The professional trainees will include two predoctoral and one postdoctoral psychology trainees. Selection criteria will include 1 or more years of graduate training, clinical experience and career plans in the field of mental health prevention. Nineteen parents from the mental health center's community will be selected from those who have completed the initial parents' communication course as nonprofessional trainees in this program. Six of the parents selected will be recruited from among Spanish-speaking persons in the community.

The professionals will take seminar courses at the center, and the parents will take the basic training course in preventive mental health as a prelude to becoming instructors of other peer group individuals in matters of mental health and preventive intervention.

Indigenous Mental Health Workers for Children's Services

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**MH-12877 1973–1978

The Kedren Community Mental Health Center is developing a 10-month curriculum to train indigenous mental health workers for children's services. Ten students will be trained each of the first 3 years, and the remaining 2 years will be spent evaluating the effects of the training on the trainees, their employing agencies and the community. Trainees will be poverty-level indigenous parents, male and female, who have previously participated in community activities and who have been nominated by community representatives or agencies. They will be trained to work with children, their parents and teachers in the home and school, in mental health facilities, in child-care centers, and in other agencies serving children and youth. The graduates are expected to help in prevention as well as intervention efforts.

The theoretical framework of the program stresses both social learning theory and the importance of the child's feelings of self-esteem and competence. Trainees will be taught to utilize relevant strategies and to teach them to parents and teachers; they will also learn to teach language and reading skills to children. All concepts and techniques will be taught with the aid of filmed or actual demonstrations. Trainees' use of techniques will be supervised either in person, by taped recorded monitoring, or by telecoaching.

The applicant is a subsidiary of Kedren Community Health Center, Inc., a private nonprofit corporation founded in 1965, serving the Watts area, which has as a major focus the operation of eleven Head Start Child Development Centers. The Kedren Community Mental Health Center has from its inception been committed to the training and utilization of indigenous paraprofessionals. More than one-half of its present staff are paraprofessionals.

Trainees will receive college credits for some aspects of the training. Both Mexican-American and black trainees would be recruited. Trainee stipends are available from several sources.

This program will make use of training experiences which depart from conceptions which perpetuate the disease model of psychopathology. Training programs for nonprofessional personnel which are based on social learning theory assumptions stress the technology of contingency management. The therapist or change agent is important because of his knowledge of contingency principles and strategies, and because of his potential effectiveness as a social reinforcement agent. His effectiveness as a social reinforcement agent is often a result of his possessing those personal characteristics which are generally recognized as being helpful in psychotherapeutic relationships (warmth, genuineness, sensitivity, active empathy, etc.). Yet training programs which are based on social learning theory assumptions do not usually include training experiences which are expressly designed to promote these characteristics in the trainees. The present program does include these expressly designed experiences.

Training Parents of Autistic Children for Effective Teaching

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MH-12873 1972–1975

The objectives of this program are to develop and evaluate delivery systems of behavior modification training programs for parents, teachers and aides working with children having a variety of health-related disorders such as autism, oppositional behavior, and hyperaggression. To date, one training program for parents of autistic and autistic-like children has been completed and a replication of that program is nearing completion. Each program has trained four families as well as several teachers of children whose parents were participants.

Families were contacted through parent organizations and teachers known to the staff. All families were interviewed and later selected on the basis of strong motivation to participate in the training programs and to work with their children in the home. While several of the fathers have had a college education and are working in middle management positions, most are employed in skilled trades. All of the mothers have listed their occupations as housewife though two have had a college education.

Each training program consists of fourteen weekly "instructional" meetings followed by approximately five "maintenance" meetings which are gradually faded from biweekly to monthly to bimonthly. The Boston University Center for Applied Social Science and the Department of Sociology contribute to the training programs by offering space, audiovisual equipment, and administrative assistance. The training programs are organized around (1) an educational or *skill* sequence for the children and (2) a *training* sequence for the trainees. The educational sequence is essentially a comprehensive, branching program of skills, each of which is in itself important for the child's participation in home, school, and other settings, and facilitates the acquisition of more difficult skills. Thus, the educational sequence begins with basic skills such as eye contact, cooperation, and vocalizing and leads to small, gross motor, motor imitation, verbal imitation, functional speech and self-care skills. Each child's educational program is planned and guided in terms of baseline observations in the home, parents' responses to a *Behavior Evaluation Scale* developed in the project, and videotape and pencil/paper data recorded in the home by parents and training staff.

The training sequence, on the other hand, provides parents with both "general" skills relevant to teaching in any skill area and "special" skills necessary for effective teaching in different skill areas (for instance, how to teach motor and verbal imitation). A "Teaching Proficiency Scale" is being developed for baseline and continued assessments of trainees' teaching behaviors. Like the *Behavior Evaluation Scale* for the children, it will enable training program staff to plan, execute and revise the training program according to the entry behaviors and progress of the trainees.

The same general format is followed each week. During the parent meeting, each family's home program is presented and discussed. Videotapes made in the home each week are shown and parents describe, analyze and revise their programs in light of the videotape, group discussions, and their data. Methods for teaching the children and for handling problems that arise are presented through films, videotapes, and role playing. In addition, each week parents receive a unit of material written by staff which provides detailed instructions concerning teaching methods to be used in the home program. At the end of each meeting individual consultations are held with a staff member assigned to each family. The week's home program is reviewed and revised, a home meeting is scheduled, and a contract is written specifying the behaviors required of staff member and parents for the coming week. During the week a home visit is made to coach, counsel, and reinforce the parents, to help revise the home teaching program, and to videotape portions of the teaching sessions to be shown at the next meeting.

By the end of the training program parents are, in effect, teachers who have learned to analyze family interaction, pinpoint behaviors of their children to change according to the *Behavior Evaluation Scale* and a standardized educational sequence, design and conduct teaching programs for both simple and more complex behaviors, and evaluate the progress of their home programs via videotape feedback and data they have recorded and charted.

In sum, this program attempts to teach parents a wide range of teaching skills. Without such a range of skills it is doubtful that the parents can maintain their own and the child's behavior or that they can handle the inevitable problems that arise. In addition, this program is based on a comprehensive educational sequence by which the parents can plan and revise their child's education. Without such a sequence, there is no assurance that the trainees will select target behaviors that are relevant to the child's overall education. Third, the program makes use of materials written by staff that serve multiple functions, hence increasing efficiency. The *Behavior Evaluation Scale*, for example, is used to diagnose or pinpoint behaviors to change, prescribe teaching methods to use, and evaluate the progress of the child. Finally, the close relationships between families fostered by the training program makes it possible to develop wider parent training networks and to maintain parents' behaviors after the formal training program has ended.

At this point, a series of training materials has been written which includes a *Behavior Evaluation Scale* for designing and evaluating each child's educational program and manuals providing the reader with detailed methods for designing and conducting teaching programs in various skill areas. These materials have been distributed to several parents' organizations, schools, clinics and families in the New England area, Washington, D.C., and California. By remaining in contact with those persons, it is hoped to assess the effect of those materials on their training programs and obtain information indicating where revisions are needed. Following revision, the materials will be published by John Wiley and Sons, Inc. In addition, the program has been described in a presentation given to the Fourth Annual Brockton Symposium on Behavior Therapy, in a paper to be published by Roche Laboratories, and in a workshop on behavior modification sponsored by the Massachusetts Association for Mentally Ill Children.

In terms of staff's evaluations, it has been found that parents can do far more than maintain the gains their children might be making in a special school or produce beneficial changes in a few selected behaviors. Parents are capable of conducting complex educational programs with their children, programs which follow a detailed educational sequence and involve the application of many teaching skills. Moreover, with a standardized set of training materials and methods, the costs in terms of trainers' time and effort become very small. For example, conducting the first parent training program costs approximately 55 man-hours per week, while the cost of the second program is approximately 17 man-hours per week.

Conference on Curricula for the Career Ladder in Child Area

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***MH–11816 1969–1970

The purpose of this project, MH–11816, Conference on Curricula for the Career Ladder in Child Caring Professions, was to stimulate communications on the education of child care personnel, through relevant, national channels. Firmly defined curricular resolutions and models were not expected to emerge. But the airing of essential issues and the projection of unified general goals were believed possible to attain. Therefore, 75 persons were invited to attend a 3-day conference held May 20–23, 1969. They represented groups from across the country which provide and control services to children and their families. Extensive efforts were made to have adequate representation of (1) geographical center and corners of the United States; (2) spokesmen for ethnic and racial minorities, the middle classes and indigenous workers; (3) professions from disciplines related to child care; (4) persons experienced as child care practitioners, in staffing, designing and directing children's programs and institutions, and as trainers and writers in the field; (5) educators from institutions of higher learning engaged in administering programs in the care of children; (6) members of the Joint Commission on Mental Health of Children; persons experienced in designing, altering and coping with civil service systems; a labor economist; (7) men and women.

Cooperating in this project were the National Institute of Mental Health which granted supporting funds; Western Psychiatric Institute and Clinic, School of Medicine, University of Pittsburgh, under whose wing the then Programs in Child Development and Child Care functioned (Dept. of C.D. & C.C., School of Health Related Professions since July, 1969); the Maurice Falk Foundation of Pittsburgh which provided money for a local trial conference; local agencies and University departments which loaned their personnel to serve as guinea pigs during that test effort; and the institutions and organizations which contributed the time and abilities of their representatives for the main conference.

The "mini" conference, held on March 10, 1969, brought together approximately the same number of participants as for the national one. They consisted mainly of child care personnel, supervisors and institutional administrators. Their number was augmented by members of related professions, some of whom were engaged in educating for their own specialties. They divided into heterogeneous groups for two work sessions, their tasks to explore two topics: Identification of Roles and Functions of Career Workers in Child Care and (with a report on the first one intervening) Education and Growth Experience Necessary to Fulfill the Roles and Functions. This initial run-through permitted the conference staff to test their theory of design for the "maxi" conference, explore local opinions, and weed out less important issues.

The features of the national meeting were based upon those of the local ones. Though the time element was extended from 1 to 3 days, the concept of heterogeneous work groups as opposed to lecture forums and workshops was maintained. However, daily tasks were assigned to six paired groups with a synthesizing seventh formed midway by one member from each of the other groups. In order to stimulate interest and begin melding the participants into a cohesive whole, the preliminary session presented a debate by two speakers diametrically opposed in their views of community service programs—i.e., social or mental health concepts. An administrator provided neutrality by describing a successful program for human services; a summarizer correlated similarities and contrasted differences.

The first work session opened with presentations by graduates from six programs in child care and closely related curricula, who gave critiques of their programs.

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[1] For current information on the program, contact Mrs. Karen Vander Ven, Department of Child Development and Child Care, School of Health Related Professions.

Comments from the floor preceded the distribution of participants into work groups. While the tasks were not followed exactly as assigned, they served to rouse creativity and draw out pertinent discussion. Essentially, they were:

1. What functions will people in the child caring professions provide? What skills and understandings must they be taught to best fulfill these functions in day care, public schools, private homes, guidance and mental health centers and residential services?

2. What personal qualifications are suitable or unsuitable for these people?

3. How should the necessary skills be taught at direct service and supervisory levels? What type courses and form of classwork? What percentage of time in the field and classroom?

4. What professions and disciplines can best teach the particular skills?

5. What additional services can the child-caring professions provide that are not provided by more traditional services?

6. What differences exist between present day practices and what we would consider more ideal ones?

7. What is presently being done about problems to implement the career ladder concept? What needs to be done?

8. What are some practical techniques for evaluating educational programs?

9. What problems do administrators face in their use of child care workers that educators should take into account?

10. What are the minimal education requirements for certificate, associate, bachelor's and master's degrees?

11. Summaries from each group.

The value of the conference lay significantly in dissemination of the concept of education for the child care profession which had received earlier support through the 5-year NIMH grant, MH 7919, and through replies to inquiries on the Pittsburgh programs from many sections of the country. Remotely, it strove for the meeting of diverse opinions and approaches related to children's services, with the intent that such rapprochement would unify future efforts in developing curricula in this field.

Most immediately, the conference served as an intensive education vehicle for the participants, with responses indicating interest high enough for a general request to repeat the experience. Copies of numerous curricula of child care programs and papers discussing innovations in the services and in the use of workers were made available. Less easily traced results, however, can scarcely be evaluated. Subsequent requests indicate the information has spread to persons not participating. But, we have not learned, for instance, that anyone went away and designed a new program in child care. This project may be said to have substantially fed the impetus toward educating child care workers that began about 8 or 10 years ago.

In addition, on the basis of this conference, the Department of Child Development and Child Care conducted a workshop at the American Orthopsychiatric Association's conference in March, 1970. The subject, "Careers in Child Care: Issues for Colleges, Agencies, and Professional Workers," was discussed essentially from the viewpoint of support for career mobility in order to keep and attract competent manpower. Again, available printed material was well received and requests were made for mailings.

A monograph of the conference proceedings has been completed. The body consists of sections on Roles and Functions of Child Care Workers, Educating the CCW, and Related Issues. Sample curricula and conference working papers are included in the appendixes. It is expected that 2000 copies will be required to reach the audience identified by the conferees.

Undergraduate Education of Child Care Specialists

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MH-10550 1966–1969

The program was intended to prepare liberal arts college graduates to be responsible for the care of institutionalized emotionally and behaviorally disturbed children and adolescents. During the 3 years (1966–1969) the project was funded by NIMH, 11 (9 women, 2 men) junior and senior liberal arts college students participated. The program included an 8-week summer work-learning experience on the Adolescent Unit of the Galesburg State Research Hospital. Significant aspects of the clinical experience included demi-internships in each service contributing to the patients' unified treatment program. The academic program, which earned a major in human development, required a minimum of four courses in sociology, five courses in education, and six courses in psychology. Since the program was developed within the framework of a liberal arts college rather than within the framework of a technical school, no special day-by-day course outline has been developed. Educational efforts have been directed toward organizing a curriculum that will help the student develop a concept of the whole child and will orient the student towards therapeutic goals rather than remedial techniques. Students completing this program seem to see few career possibilities in child caring. The positions for which they are qualified are currently held by psychiatric nurses or social workers. These latter professions, however, require a kind of specialized training not needed for child caring personnel. The current problem is that the undergraduate student interested in child caring has no clear role model to emulate.

This specific program probably has had little manpower or attitudinal impact by itself, but coupled with others it has. The director has represented the project on the curriculum planning committee of the Child Care Association of Illinois, on the Illinois Mental Health Planning Board's Council of Universities, at a national conference on child caring, and on programs of the American Orthopsychiatric Association (1968), the American Psychiatric Association (1969, 1970), and the International Congress on Mental Health (1968). An account of the project has been published in *Hospital and Community Psychiatry* (Nov., 1969). Inquiries from people interested in establishing child care training programs have been received from across the United States, and students, particularly from the eastern United States, have enrolled at Knox because of the program. This program has contributed directly to the establishment of a program at Washburn University in cooperation with the Children's Division of the Menninger Clinic. Since termination of the initial project, the program has continued as a regular college major. Galesburg State Research Hospital continues to cooperate by providing clinical facilities for the students, although the structure of the work experience differs. Originally, under the grant, students worked for 2 months during the summer. Later, briefly, the hospital provided summer employment. Now, while enrolled as full-time students at the college, they spend one academic term working and studying 40 hours per week on the Children and Adolescent Unit at the Hospital.

The number of students majoring in the program has continued to grow, with 8 students graduating in 1972. Most of the graduates have been women, although the number of men majoring has been increasing. Very few of the students have taken positions in child care, largely because of the low pay and 24-hour live-in requirement associated with so many child care positions. Over 90 percent of the graduates are in related graduate work or currently employed in positions where, in some role, they work with handicapped children. About half of the graduates are employed as special educators. One was employed for 2 years as a child care worker at Research Hospital and recently resigned to be married.

Staff Training in Residential Treatment Procedures

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**MH–8574 1964–1966

Training was provided on an inservice basis for various types of personnel in a hospital children's unit. The training included (1) preceptor type of experience in the wards under supervision of nursing staff, (2) supervised reading, (3) attendance at all clinical and administrative conferences, (4) small group discussion by professional staff of each discipline, and (5) individual supervision. The program was addressed to psychiatrists, social workers, clinical psychologists, teachers, occupational therapists, recreational therapists, nurses, and attendants.

The course was aimed at (1) those persons with little or no experience in dealing with emotionally disturbed children in a State hospital and having responsibility for such programs, (2) houseparents and others caring for emotionally disturbed children in private and public orphanages, and (3) staff who are anticipating opening new psychiatric facilities for children.

Mental Health Personnel Training with Inpatient Children

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***MH–8545 1964–1969

This program was formulated and implemented to train workers in the four disciplines basic to the operation of a residential treatment center for children—namely, child care, psychiatric nursing, social group work, and special education. The goal of the training sequence was to provide a theoretical and practical curriculum which would enable graduates to assume administrative and supervisory level responsibilities within their specialties in settings other than the one in which the specific program was carried out.

Thirty-seven candidates were accepted for training during the course of the project (September 1964 to June 1969). All those selected had received a baccalaureate level degree in, usually, one of the social sciences, or in nursing. They were enrolled as full-time graduate students in programs at local universities leading to master's degrees in their respective specialties. Upon completion of a combined program of course work and practicum experience, it was assumed that the graduates would occupy senior supervisory level positions in other residential treatment centers or in special education units. Although it had been planned to retain trainees in the center for a 2-year period as a feature of their practicum requirement, this ultimately proved to be feasible in only one discipline, child care work. Trainees from the other three disciplines were confined, mainly due to university requirements, to a maximum of 1 year in the center. Furthermore, the difficulty in obtaining appropriate students in psychiatric nursing or social group work for the project did, in time, provide the program with a decided cast in the direction of a training sequence for child care workers and special class teachers.

The Manville School and Residence of the Judge Baker Guidance Center along with the four cooperating universities, constituted the basic facilities cooperating in this training program. The center provided individual supervision, practicum experiences deemed peculiar to remedial education and residential care, and a group of seminars devoted to a discussion of theoretical constructs peculiar to those areas of functioning. In time, it became apparent that cross-disciplinary sessions devoted to a review of recorded material obtained in the classroom or the residential unit provided the most effective training model for small groups of students, when used in conjunction with relevant reading assignments. At the same time the resources of an experienced senior clinical staff were constantly available to the students for discussions of specific topics of note.

Career outcomes can be established in 31 of the total group of 37 trainees and are as follows: (a) special class teacher, remedial school administrator, school counselor—17; (b) supervisor in a residential treatment center—5; (c) advanced graduate student in psychology, special education or social work—8; (d) housewife—1.

On the basis of these preliminary findings, it appears that the bulk of the graduates have either secured appropriate employment, in view of their training, or have entered more advanced graduate level programs in other related mental health specialties. Experience indicates that graduate level students in special education are readily available for such training projects and enjoy easy entry in their career field. Child care work as a separate specialty has undergone a series of agonizing crises surrounding the issue of appropriate training for its members. This has served to mark both students and potential employers with uncertainty and has rendered unclear the future status of graduate level training in this field. Though we had only limited experience with candidates for advanced degrees in social group work and psychiatric nursing, they, like the students in special education, had little concern about role definition and felt that appropriate employment was assured.

The project has demonstrated, in part, that it is possible for a well-staffed residential treatment center to assume the major training responsibility for disciplines pertinent to such therapeutic modalities. Despite the observations made earlier, there also appears to be a real need for the supervisory level graduate of such programs since the bulk of our former students presently occupy such posts.

The impact of the project and its findings have been, and are continuing to be, quite extensive. Dialogue between representatives of a variety of university training programs in related areas and members of the staff of the center is ongoing and has been maintained from the early months of the project. Foci of concern range from discussions around the feasibility of, for example, training child care workers at the level of an associate in arts degree to the proper distribution of time for students in these disciplines in terms of field work placement as opposed to formal academic work. The project staff has also been asked to consult with agencies and individuals planning the staffing patterns of new residential treatment centers. Members of the staff have conducted inservice workshops and seminars for personnel in these disciplines for whom such resources are not routinely available.

What has been, perhaps, the most significant accomplishment of the project is that the center continues to operate the training program, even though support by the grant has terminated. During the 1969–1970 academic year seven graduate students in special education and another seven in psychiatric nursing were trained. At the present time the center is negotiating with several universities around providing field work placement for social group work students and trainees in child care work.

The staff intends to disseminate the products of their experiences in their respective roles as consultants to other centers and trainers of students in these disciplines.

A Multidisciplinary Training Program for Houseparents

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MH–8108
1963–1968

Within a residential institution serving children who present problems of personal and social adjustment, the day-to-day living situation is a key aspect of their total treatment and rehabilitation plan. Despite the vital role of houseparents in the treatment and rehabilitation procedures, they all too often come to the institution with little or no specialized training or experience to prepare them for their functional duties and responsibilities. The lack of adequate resources for the training of houseparents constitutes a major roadblock to improving the quality of home staff in existing child-care centers. Recognition of this dearth of trained houseparents and "home" supervisors and the lack of existing training programs for them brought about this project.

All States in the United States were found to be faced with a critical shortage of trained home staff. At the present time, there are only a small number of full-time training programs for houseparents and, of these, about 75 percent are primarily academic in nature. They offer little or nothing in the way of practical experience and are administered by colleges, universities, or other educational institutions. The program described here developed a residential work/study training program that would upgrade the training of potential and functional houseparents.

The objectives of this project were fourfold: (1) to develop a training program that provides prospective houseparents with both academic tutelage and on-the-job supervised experience; (2) to develop objective criteria for the selection of houseparent trainees; (3) to develop the *Houseparent's Manual* which provides a core of basic information directly related to the daily activities of the child-care worker; and (4) to afford child-care workers from other agencies an opportunity for further professional training through 2-day workshops conducted on the Devereux campus.

During the 5 years of this project (1963–1968) there were 51 trainees who entered the 12-month specialized child-care training program, with 41 completing it. In terms of group characteristics, these trainees can be described as follows: all were female; all were unmarried; all were high school graduates with a mean grade average between "B" and "C"; and approximately 20 percent had attended college, with an average of three semesters of attendance.

The program provided an intensive work/study program which combined basic theories of child development, personality dynamics, and group processes along with supervised on-the-job experience in the day-to-day physical and emotional care of the residential population. The course work was designed to transmit to the trainee a body of basic information about the dynamics of child behavior and about techniques of child care that contribute to the effectiveness of the trainee as a houseparent.

This project was unique in that each trainee functioned in the residential center in a way that offered her experiences with the greatest possible variety of children and situations. It is recognized that the more opportunities the trainee has to apply theory to practice, as afforded by an interaction between the classroom and the inservice training, the more effective she will become as a functional houseparent.

The training model developed during the course of this project has been utilized in preparing child-care workers for their functional roles in residential settings. The program has demonstrated sufficient flexibility to be adapted by a variety of educational institutions. In addition, many other institutions, including those engaged in caring for children and operating ongoing training programs, have requested information on this project and have, no doubt, incorporated some aspects of the Devereux model into their programs.

Ninety percent of those completing the training program have continued employment in the field of child mental health. The majority of these graduates have taken positions as housemothers in residential treatment centers. A significant number have been employed in key positions such as head housemothers or directors of one aspect of a child-care program. In addition, some of the program graduates are now serving as instructors in other institutions' child-care training programs.

A *Houseparent's Manual* has been written and field tested at The Devereux Schools and other institutions in the eastern United States. The initial edition of the manual has been used as a basic text in all of Devereux's child-care training programs, including those at the California, Texas, and Massachusetts branches. In addition, a number of private and State child-care residential facilities have employed the *Houseparent's Manual* in their training programs and have provided evaluative feedback for the revised edition.

Information concerning this project has been disseminated in a variety of ways: (1) a mailing list of approximately 5,000 individuals in guidance, special education, psychology, and allied health professions has been compiled for circulation of appropriate information; (2) annual 2-day workshops were held during each of the five project years for houseparents from other agencies and institutions; (3) Devereux staff have participated in conferences on the training of effective houseparents held at the University of North Carolina (1964, 1967 and 1968), the University of Louisville (1967), the Southwest Regional Child Care Conference (1969), and East Montana College (1970); (4) professional publications have appeared in *Pennsylvania Psychiatric Quarterly, Child Welfare*, and *Mental Retardation;* and (5) the final report was disseminated to interested professionals and nonprofessionals.

The program was continued for 2 years after termination of the NIMH grant through support by the Devereux Foundation, but has now been terminated. All the materials developed and published during the grant period and shortly thereafter, including the final report, have been disseminated; copies are no longer available, though requests for these materials continue to be received.

Programs in Child Development and Child Care

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***MH-7919 1962–1971

The main objectives of this project were (1) to expand in size and broaden the focus of the 2-year graduate program leading to the master's degree which had been started in 1953; and (2) to train child-care workers in a 1-year didactic program followed by a year of supervised employment (internship) yielding a certificate.

In the graduate program in the first year of the project, 1962–63, there were 29 students enrolled; in 1969–70 there were 55 students. Twenty-two were graduated in the period from 1962 to September 1969. There were 94 students participating in the certificate program and 92 received their certificates.

While selection for admission procedures for the M.S. program have paralleled in some ways those used in other behavioral sciences, selection for the certificate program was made totally on the basis of personal interviews with the faculty. Later testing indicated that there are many different kinds of people who can successfully work with children, though more mature women than younger women tend to receive higher ratings from faculty and employers.

The students in the M.S. program have been very typical of middle-class graduate students throughout the university. In the certificate program, students' backgrounds ranged from being on public assistance through the upper middle class. This surprising spread served a most useful function in the training process, since a range in age and economic background in the applicants allowed young and old, affluent and poor, to learn from each other.

There were basic similarities in the academic and field components of the training for the Masters and Certificate students. For each level of training one of the major considerations was to provide a wide base of practical experience with children which would encompass the entire range of development from the essentially normal to the severely disturbed. Another consideration was to provide good theoretical underpinnings which could be easily translated into appropriate methods of aiding the psychosocial development of the mentally retarded, economically crippled, physically handicapped, dependent and neglected child. Basic premises underlying the design of both programs included study of the normal child to precede study of the abnormal; study of the younger child to precede study of the older; and theoretical and practical study to take place concurrently. Thus, students participated in practica related to the content of the academic work throughout the course of study. A large number of agencies and institutions, serving children of all ages and of all degrees and varieties of abnormality, in the Pittsburgh area and throughout the country, cooperated in providing practicum placements. Differences between the Certificate and M.S. program lay in the depth, intensity and conceptual level of the academic work. Also, the focus of the field experience, which was practically oriented for the certificate students, was both broader and dynamically deeper for the M.S. students.

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[1] For current information on the program, contact Mrs. Karen Vander Ven, Department of Child Development and Child Care, School of Health Related Professions.

Once employed, it was expected that M.S. students would continue to take positions primarily involving supervision and administration while the certificate students would provide direct quality care of children.

The project has successfully met its objectives of establishing a stable network of support for a total integrated community program of training child-care and child-development personnel in the Pittsburgh area. The certificate program has been transferred to the Allegheny Community College where an associate of arts degree has been added. A new baccalaureate degree program in child development and child care is to begin in September with 17 full-time students enrolled and the graduate program is fully subscribed for the fall term including Ph.D. students in a variety of allied fields taking a minor in child development and child care. Thus, the project contributed significantly to the department's pioneering achievement in establishing a career-ladder progression in child development and child care work.

In terms of its impact on the wider community, the program ran the gamut from resistance to final acceptance. Initially, students from this project posed a threat to the more traditional and inflexible professions operating in various institutions. Finally, the students themselves were able to demonstrate to their employers how their skills and commitment brought a quality of care that was not delivered by "off-the-street" employees. In many settings, including residential institutions, State hospitals, and public schools, radical changes in child-care practices have taken place as a result of the efforts of the trained child-care workers.

A few examples: An institution that had been putting 8–12 year olds to bed at 7 p.m. has an active evening program, including contact with children in the community, as the result of the efforts of a certificate intern. Another institution is being renovated as the result of a student's initial suggestion for breaking down a large group-living area into smaller, more homelike areas which include facilities for children to help with their own cooking. In the public schools, opposition by teachers has almost disappeared as they have seen that the child-care workers have been able to make the children much more accessible to the teachers' specific educational offerings; on referral by the school mental health team, child-care workers provide a variety of programs of special care and activity.

Community appreciation for the trained child-care worker is now reflected solidly in salary scales in which certified workers in many agencies start at the first increment salary level over the entry rate; and in the county institutionalized children's educational program, they begin at the same rate as elementary teachers.

The effect of the project on new training programs has been reflected in voluminous correspondence received from all over the country requesting curricular and operational information. There is a great demand for both levels of graduates for job openings, for staff members to give inservice lectures, serve on boards of developing programs, meet with visitors from all over the world, and give training in how to conduct similar programs to members of other disciplines such as nurses and social workers. In addition, staff has been told that the program has been directly copied in several instances. Dissemination of the department's work has also taken place through the participation of

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staff in numerous national child care conferences. These include two statewide meetings in Connecticut, two regional meetings of the Health and Welfare Association, Child Care Associations in New England and New York State, two workshops on training at national meetings of the American Orthopsychiatric Association, and panels for two meetings of the American Psychiatric Association and one of the American Association of Psychiatric Clinics for Children.

Graduates, according to a 1968 analysis of their on-job functions, are applying their education in 16 distinct ways. Among the types of job functions served are: teaching at the college level; supervision (many of the graduates at both levels are supervising other disciplines in their field work); direct work with emotionally disturbed children in a variety of settings (majority of trainees); direct work with normal children in day-care centers, nursery schools; community program (2nd largest number of trainees); work with children in the home (which fills requests made for special duty child-care workers for crisis intervention); work in State hospitals (fewest number of graduates); and work in special training functions with children.

The project has implications for effective manpower utilization. There is a definite need for prebaccalaureate training to meet manpower needs but if these professionals are to survive and achieve job satisfaction, they must be supervised by their own profession. Consequently, it is planned to put greater instructional emphasis on supervision and administration at the graduate level. At the same time, it has been impressive that certificate students have remained at one position for long periods of time, even when working conditions and salary have been less than ideal. Yet, the greatest manpower deficit is for more men and more workers of either sex from the disadvantaged segment of the population.

Since the termination of NIMH support, the Department has been supported by the University of Pittsburgh through the School of Health Related Professions.

Child Psychotherapy Program

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***MH-7790 1962-1967

The Child Therapy Training Program was launched as a unique pilot project in October 1962 under the sponsorship of the Chicago Institute for Psychoanalysis with a 4-year grant from NIMH, and supplemental support from the Field Foundation. The primary objective was to raise the level of child psychotherapy in social agencies and clinics by training practitioners and supervisors. The goals of the program originally were (1) to provide comprehensive training in child psychotherapy for selected social workers who were already treating emotionally disturbed children in agencies and clinics; (2) to develop in some of its students the capacity to become teachers and supervisors and eventually to participate in training programs of child psychotherapy; (3) to set a standard for such training, and serve as a model for the development of similar training programs elsewhere in the United States, as the need for trained child therapists is a national one. More recently, the goals have expanded to include (1) the training of a few, selected nonsocial workers with equivalent training, and (2) to teach consultation for work with trained and untrained personnel in the field of mental health.

The program continued after NIMH support terminated, is now beginning its ninth year. It is an ongoing 4-year, part-time, post-Masters training program. It includes two mornings a week of classroom instruction in the theory and practice of child psychotherapy, and in the diagnosis of normalcy and of emotional disturbances. Classes on brief psychotherapy, crisis intervention, and family therapy are included. A unique feature is the class on Preceptorial Teaching where students, in free-wheeling discussions, bring in their most pressing questions to attempt to integrate their learning.

Requirements for enrollment in the program, which has a class starting every other year, are: a master's degree, a minimum of 2 years' experience in work with children, sponsorship by a social agency or clinic in which children are treated, and a personal psychoanalysis. Students have been sponsored by a wide variety of institutions. A total of 32 agencies have sponsored students over the 9-year period.

The third class was graduated in June 1970, bringing the total number of graduates to 23. The current class has 11 trainees, and 10 applicants have been accepted for the class of 1970–71.

Information about the program has been widely disseminated. This includes papers presented at the annual meetings of the American Psychiatric Association, the American Orthopsychiatric Association, the National Conference on Social Welfare, and various local groups. In addition, detailed program descriptions have been sent to many groups requesting information from all over the United States.

The impact of the relatively small number of graduates on the field of child psychotherapy has been decisive, although restricted to the Chicago metropolitan area. Of those who have received their certificates, eight are now either heads of services or in high level positions in social agencies and clinics. Five are chief of social services, one is executive director of his agency, two are active as consultants to State programs relating to children's services, and almost all the graduates are in supervisory positions and assist in the training of practitioners. Two of the graduates currently are teaching in the Child Therapy Training Program, and the program's administrative director is also a graduate.

Since the NIMH grant was terminated in 1967, financial support has come from several foundations, small grants from individuals, and the continued support of the parent institution, the Chicago Institute for Psychoanalysis.

The project has demonstrated the following: (1) nonmedical professionals (social workers and psychologists) can be trained as effective, independent practitioners, supervisors, and teachers of child psychotherapy; (2) the graduates of such a training program are able to function as effective trainers of nonmental health professional workers (school teachers, principals, etc.); (3) a model program has been developed that can be used in other communities; (4) the intensive training of a relatively few highly qualified people can have a great impact upon a community.

Training in the Clinical Management of Emotionally Disturbed Children in an Open Setting

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***MH–6622 1958–1966

The Fresh Air Camp was used for a program of graduate and undergraduate interdisciplinary clinical training with emotionally disturbed and delinquent children during the 2-month summer period. Trainees were drawn from psychology, social work, and psychiatric nursing. The primary task of the training program was to provide a real life experience for professionals in the therapeutic management of disturbed children. To achieve this goal, trainees lived with disturbed children and initially assumed responsibility for their day-to-day care.

Interdisciplinary Education of Nonmedical Professional Persons in Psychoanalytic Principles of Child Care

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***MH–6110 1954–1964

This project taught psychoanalytic principles of child care to nonmedical professional persons working with children. The general objective was to influence the training of professional workers through cross-fertilization of the sciences and thus to improve child care in general. The professions included education, psychology, pediatric nursing, public health work, social work and the ministry. The specific objectives were (1) to expand the student's knowledge and understanding of children and his ability to use improved techniques in helping them and their parents within the framework of his specialty; (2) to prepare the student for more effective teaching and leadership in his own field; (3) to develop an integrated approach to the biological, pediatric, psychological, and sociological study of the child. The program consisted of a postgraduate 3 to 4 year course of study, with classes two evenings weekly including academic courses and direct work with children.

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NURSERY SCHOOL TEACHERS (FOR EMOTIONALLY DISTURBED CHILDREN)

Therapeutic Nursery School Teacher Training

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MH-10547 1966–1974

With the opening in 1958 of a therapeutic nursery school as part of a new Department of Child Psychiatry, a depth and richness of clinical experience became available to all professionals associated with the school which stimulated the planning of a training center for specialized nursery school teachers. Additional impetus came with the national development of Project Head Start programs in 1965. The need for nursery school personnel who could work directly with disturbed preschool children in classrooms quickly became very evident. The scarcity of such personnel was also immediately evident. Plans for establishing a training program coincided, therefore, with newly visible community needs.

Primary among the objectives was the notion that appropriately motivated individuals with nursery school teaching experience could be trained in a clinical setting for work with emotionally disturbed children in both specialized and standard preschool settings. Along with this was the belief that individuals trained in this way could then train others. It was felt that the combination of educative and clinical orientations available in the center was essential for training such a cadre of preschool educational therapists. Also, because of the center's great interest in direct clinical work with family groups, it was believed that trainees would be able to learn important concepts about intrafamilial dynamics and development, along with educational and clinical techniques applicable to troubled children and to their families. Plans for training, therefore, included opportunities for observing and hearing about family interviewing and therapy.

The facility provides two morning classes accommodating six children in each who attend daily. Each head teacher is responsible for the classroom supervision of three trainees. The project training coordinator "floats" between the two rooms and integrates the trainees' experiences in each. She also establishes and coordinates a variety of off-campus field experiences for the trainees. Additionally, she integrates their participation in weekly case conferences chaired by the chief of the department and attended by various staff members and child psychiatric and social work trainees. There are also afternoon seminars held four days each week: (a) Classroom techniques; (b) Individual development; (c) Family dynamics and development; and (d) Demonstration and observation of family and/or parent interviewing.

Educational centers in the greater Los Angeles area used for field work observation have included Head Start centers, various day care centers, selected private nursery schools, the Dubnoff School, the Los Angeles Child Guidance Clinic, and others. Field experiences are one morning per week.

Affiliation with Pacific Oaks College in Pasadena has provided an important academic base for most of those in training. Almost all have concurrently enrolled in that academic center (or one of two others in the area) and have gained or made progress toward graduate degrees in early education. It is noteworthy that when seminars established for the clinical trainees were listed in the Pacific Oaks College Bulletin, considerable student interest was evident. Each of the seminars therefore has become organized to accommodate participation by students at Pacific Oaks. This has reinforced a good mix of clinical and educational orientations.

An important teaching instrument has been the video system. One of the graduates of the training program developed particular interest in using the video camera for studying the children in attendance and for recording the work of department trainees in all the mental health professions. Her year of training here provided her with the ability to do discriminative and clinically meaningful video recording and she has been retained by the department to do that work. In 1971 she organized the Development Seminar using video tapes and invited lecturers for the weekly meetings. This has been an unexpected and highly successful byproduct of the training program. That seminar is now attended by various trainees in the department and by the nursery school trainees and enrollees from Pacific Oaks College. It offers promise as a base for future multidisciplinary training seminars in child and family development now being considered.

Graduates of the program now total 41. The final year of the NIMH grant begins in September 1974. By the end of the eighth year there will be 47 graduates of the program.

Thirty graduates are working actively in the mental health and/or educational field. Of these, one has gone on to receive a Ph.D. in psychiatric social work; one has earned an M.A. in early education; and at least six others are progressing toward M.A.s while also employed in various early childhood programs.

Over the course of 6 years, a productive and socially useful training program has been developed for an important group of education therapists (preschool) who now have unique skills and insight for their work. The combined clinical and educational skills they have acquired can be of particular importance as community awareness grows about the need for day care centers and for agencies providing guidance to young families. Training of personnel to work in such centers will become a major concern. The specialists who have graduated from the program will be an important resource for providing that kind of training.

It has been learned that ties to an academic institution such as Pacific Oaks College tend to stimulate and reinforce the thrust of the trainees' conceptual interest and progress. Also during those years, staff's training skills have increased considerably. The presence of the training program in the department has provided a stimulus for reexamining certain procedures in the preschool center. It has also contributed to efforts to establish pragmatic applications of knowledge to the broader needs of the community.

Evidences of definitive community impact from a program this small are difficult to come by in a city the size of Los Angeles, but certain indices are available. One is the warm interest those educators in local colleges and clinical programs show when they visit and observe the work. There have been approximately 120 visitors who hold important academic or administrative positions in early education and/or clinical centers.

Another index of community impact is in the number and quality of applicants for the training. For the upcoming training year there were 19 applications, 13 of which had to be turned away. Almost without exception, the applicants were extremely bright, socially concerned individuals who are seeking avenues for developing clinical-educative skills with troubled preschoolers. There is clearly a growing group of talented individuals in the community who are deeply motivated for the work taught in this program. The existence of this program in the community has served to stimulate and organize that motivation.

Program to Train Teachers of Disturbed Preschool Children

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***MH-10480 1966–1969

The objectives of this program were to train teachers of preschool emotionally disturbed children to develop a model for college-based training, and to provide information to others interested in establishing a similar program. This pilot project was the only special education curriculum within the host institution, Wheelock College, which is a small teacher education school dedicated only to training teachers in early childhood education. During the NIMH pilot project period (1966–1969), 37 people completed their master of education degrees. Their undergraduate majors were about equally represented in education, psychology, and other liberal arts subjects, notably English and fine arts. Candidates were selected for their intelligence, sensitivity, experience with young children, and potential as a teacher.

Academic work comprised half of the program, with core courses in developmental disturbances, curriculum seminar, and three psychology requirements for certification. Throughout the 12-month sequence of one summer plus the academic year there was a strong commitment to practicum. The preceding summer acted as a "buffer" during which students began their tasks of adjusting to an intensive program and the demands of the field itself. Field work for preschool trainees was arranged through cooperating centers: the James Jackson Putnam Center, Judge Baker Guidance Center (both outpatient child guidance clinics with onsite nursery classes), Orchard Park Day Care Center, and clinical nursery classes under the auspices of the Massachusetts Department of Mental Health. Practicum, then, was the other half of the time/credits which could be spent in a variety of ways, including both preschool and elementary levels, practice teaching and individual tutoring, visiting other settings, and comparing teaching styles. Of particular importance to the training model was emphasis on supervision by faculty members who visited each student often and had a small group of four or five trainees for weekly meetings in addition. Sensitivity to others was enhanced through voluntary participation in group meetings. Faculty supervisors were the liaison between the college courses and the practicum, helping to "translate" understanding of the child and some curriculum workshop ideas into a plan for developing skills and better behavior management through activities. In addition to extensive supervision, a wide range of curriculum ideas and broad coverage of childhood psychopathology were geared to effecting a flexible teacher who would not be bound to a diagnostic label or any one method. The role model for teachers that was envisioned was an educator with therapeutic skill, particularly in working with small groups, a person who could potentiate emotional development and ego strengths while managing behavior through the media of the group, curriculum materials, and the teacher's own style of sensitive interaction.

Graduates of the program have been able to find excellent job opportunities, until the third year, when the number of preschool classes did not increase along with the supply of teachers. However, since especially in the third year of the program nearly everyone took some practicum and/or classwork in elementary as well as preschool children, it was possible to apply for work in the growing number of public school classes for disturbed children. Plans for preschool classes have been initiated, with legislation pending, so that future job openings will be improved.

Evidence of the value of this project is that practicum centers have consistently hired student trainees. As of March 1, 1970, 13 of the 14 NIMH-supported graduates were employed as follows: Three were teacher-therapists in psychiatric clinics for preschool children; four were teachers of special classes in public or private elementary schools; and one each were in the following activities: head teacher of a psychiatric clinic for preschool children; regional supervisor of a State department of mental health; teacher of deaf-retarded-disturbed children; substitute teacher; teacher and director at a normal nursery school which takes a few autistic children; and doctoral candidate in the area of early childhood. The 14th graduate is a new mother and is currently not working.

The influence of these graduates has been profound as they have started new classes, worked for new support for disturbed children, set up home visitig programs, worked out behavior modification techniques, and developed new summer programs for therapeutic tutoring of children with learning problems. They are contributing to the emergence of the teacher role with disturbed children and its importance to the mental health team.

The faculty itself has contributed to many of the practicum settings by introducing new ideas, discussions of children, and curriculum innovations that have been byproducts of supervising students. Also, papers and seminars have been presented at Boston University Medical School (1968), the National Association for the Education of Young Children (New York 1968; Salt Lake City 1969), the University of Connecticut regional meeting for program directors USOE (1969), and the University of Puerto Rico (1970), describing the program and discussing the area of identification and teaching issues in the area of preschool emotionally disturbed children. In addition, a series of papers was presented at a Spring Conference for Teachers of Emotionally Disturbed Children in Boston, 1969, sponsored by the project. Many of these papers are in process of being submitted for publication. Copies of an overview of the program have been sent to people from 15 States as a result of the NAEYC conferences and have been circulated in the Boston area as well. Syllabus material for childhood developmental disturbances and curriculum courses is being prepared for distribution and has been used this year by the program director in teaching graduate students at Lesley College, Cambridge, Mass. An interaction analysis of supervisory conferences taped during the past year is in process. Finally, the program director was invited to assist in the establishment of a university program for teachers of preschool disturbed children.

Training for this field in 1 year is difficult because of the wide range of knowledge that a therapeutic teacher must have. If other 1-year programs are to work well, it is thought at this time that there should be a second year of paid experience with advanced seminars in parent counseling, administration, supervision, funding sources, etc. Job satisfaction is high, according to followup questionnaires, even though there is need for better salaries and more community support. Of the NIMH trainees, the majority (11 of 14) are working with disturbed children, training other students (6 of 14), lecturing (2 of 14), and writing papers (5 of 14).

This pilot project was not continued by the host institution. The College administration decided that none of its funds could be channeled to this program in the event they had been needed.

Preschool Teachers of Emotionally Disturbed Children

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MH–10476 1966–1969

The objectives of this project were to prepare psychoeducationally oriented, middle-level mental health workers who could concern themselves not only with disturbed preschoolers but also with their families and the communities in which they lived. These were to be generalist frontline workers with particular expertise in working with groups of young children and a knowledge of how to draw on other professionals and community resources to get a job done.

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[1] For current information about the project or copies of *Preparing Teachers to Work with Disturbed Preschoolers*, contact Ms. Miriam Lasher, Supervisor in Education, Preschool Unit, 9 Sacramento Street, Cambridge, Mass. 02138.

Nineteen trainees in three groups completed the full program. This consisted of 1 academic year and 1 summer and led to a master of education degree. Trainees were equally divided between candidates with early childhood education training and at least 1–2 years' experience, and liberal arts majors with other significant life experiences in helping roles. Only one trainee entered directly out of undergraduate school.

The Department of Child Study at Tufts University provided two faculty offices and supportive services. The Department, which prepares early childhood teachers and child development and research specialists at the undergraduate and graduate level, is placed in a small university near a large metropolitan center with a concentration of good educational and medical resources. Other facilities which cooperated extensively were two State mental health clinics in nearby towns which collaborated to establish therapeutic nursery school services as an immediate result of pressure to serve children detected as high risk in Head Start.

The trainees' experiences were equally divided between practicum and course work. Several courses were specially developed and introduced in the graduate school for these trainees. The trainees and project staff began the year with 3 days of sensitivity training, and continued to work as a close unit throughout the year. The practicum experience placed trainees working in pairs for a full academic year in charge of their own therapeutic nursery school groups. They were responsible for classroom management, curriculum planning, weekly family home visiting, and all clinic and other agency communications about their cases. Ample clinical and educational supervision was available but they had no model teacher in their classrooms. In the summer school which always came at the end of the program, the trainees acted as teacher consultant-mental health screeners for a summer Head Start program.

Trainees were prepared to fulfil a unique role as comprehensive preschool mental health specialists with children and families in community settings. The job picture turned out to be bleak for such persons in Massachusetts where there were no State job blocks for teachers of disturbed children in public child guidance clinics. Trainees and staff all worked actively to create jobs and "sell" the idea of a new role. Some trainees made compromises and some held out for the kind of job they knew they were good at, waiting as much as a year or two to find something of interest.

This project terminated in 1969 at the end of the initial 3-year period. At that time Tufts University felt unable to assume any continuing financial responsibility for the special aspects of the training program that had been supported by NIMH funds. For at least a year the only concrete remnant of the training program was the new course, Learning Disabilities in Young Children. Gradually other elements have been recreated, specifically the willingness to place student teachers in full-year placements as interns in clinical settings, and the seminar, The Emotionally Disturbed Child.

With the advent of a comprehensive community mental health center staffing grant to the Cambridge-Somerville Mental Health and Retardation Center in 1969, an Area Preschool Unit was formed out of the preschool services in the two guidance centers. The Unit carries on many traditions begun in the training program practicum sites: Graduate interns teaching their own groups; intensive family home visiting; tutorial work with very young children; teacher consultation to schools for young children. The Unit has established a reputation for itself and it has been visited and imitated. In 1973 it was included as one of eight outstanding preschool mental health services to be included in a forthcoming report of the Joint Information Service. Its present status is inseparable from its roots in the Tufts Training Program.

Several presentations about the training program were made in 1969 and 1970 at professional meetings. At 213-page monograph, *Preparing Teachers to Work with Disturbed Preschoolers,* was published in 1970 and reprinted in 1972. This monograph gives a personalized narrative account of the development of the training program and methods, and includes several papers concerning direct work with young disturbed children and their families. The book is available without charge, upon request.

Graduates of this program are now widely dispersed. A few have "retired" to rear families and have stayed involved in preschool activities as consultants to day care centers or as part-time college supervisors for practicum experiences in child development or pediatric nursing. Two or three have taught normal children. One established a special mental health preschool program in a rural area. One is a regional supervisor for community nursery schools for retarded children. One headed up a nursery school unit in a private guidance clinic. Several continue in strategic positions with involvement in direct clinical work, college teaching and teacher training.

Training of Teachers for Emotionally Disturbed Preschool Children

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MH–10388 1968–1971

This pilot project produced 19 graduate-level teachers of emotionally disturbed preschool children and data for an evaluative study of the training process. One overall objective has been to develop a training model based upon the individual personal qualities, academic potential and goals of the candidate. Starting with individuals from a diversity of backgrounds, the 2 years of training were geared to psycho-educationally oriented professionals. Specialized seminars, teaching programs, internships and materials were developed and studied. To insure permanence, the program has been integrated into the established training programs of the university. An additional aim has been to influence current and future educational programs for disturbed young children through the development of skilled personnel who can evaluate the diversity of current theoretical approaches.

A second overall objective was the evaluation of training experiences as they relate to an emerging professional role. A major investment was required to develop a new research methodology functional to the basic philosophy of training: the evolution of a professional from the unique personal self of the trainee. This is an extension of a teacher training theory developed by Coombs.

The training sequence was designed around the personal nature of each candidate and related to her past and current needs and experiences. The content and practicum experiences focused on the development of individual style rather than expectations of group conformity.

Nineteen students completed the 2-year sequence. Roughly half had a background in early childhood and special education, the others were trained in psychology, sociology or other liberal arts.

The courses were taken in various departments of the university. Practica are located in the university, community schools and mental health and medical centers. The children included normal and seriously disadvantaged as well as the moderately and severely emotionally disturbed. The various university departments offer an extensive number of relevant courses to combine with the specialized practica. The synthesis was provided through small group seminars designed exclusively for these students and individualized readings and research. Training included a semester internship with children for each of 2 years, an opportunity to organize and run an experimental preschool as a student member of a team and an opportunity to observe, evaluate and consult in area schools.

Both students and staff recognized the practicum as the major learning experience when closely integrated with course content and with good personal supervision. Students recognized the value of understanding the development of the child and broad exposure to a variety of methods and teaching styles reflecting an eclectic approach to program development and training. They appreciated having contacts with normal and disturbed children. Both students and staff recognized that a major challenge in training is to help the student translate content information received in formal course work into usable guidelines for actions with children. Simultaneous, integrated course work and practicum constitute one step toward this goal.

One of the most important aspects of the research was the development of a technology dealing with individual cases since this is the basis for studying the psychological process called teacher training. This required the extension of what is called the "N of 1" research technique and involved the collection of many and repeated measures on the same individual. Further confirmation of psychological conditions required more than one source of information due to the inadequacy of both measures and judgments of students in the complicated process of teaching. The analysis of various conditions, especially the pattern of interrelatedness of measures, the personal Gestalt, so to speak, led to the development of predictions based upon the one datum.

There is the assumption of change in candidates because of the total "life space of events" in the candidate's life and the import of the specific training experiences. Since typical group studies of teacher training examine the "average" performance and the "average" change, they are virtually useless for studying training progress. The wide range of individual initial performances, and the interlocking matrix of various characteristics for each person make total group predictions low power, even when there is significance, but even more the wide range of characteristics violates the actual nature of training. No two candidates start alike. No two proficient teachers perform in the same way in the field either. The idea is not to eliminate differences but to enhance the resources embodied in individuality. The criterion measures included observation of performance, ratings of performance by supervisors and self-evaluations. These were incorporated into 18 basic dimensions with a total of 300 subscales.

The research effort is too complex to summarize in any but a most general way. The candidates cannot be typed, but three categories were used to illustrate the variance in training needs. A goodly number were talented, committed, and eager to learn under the demands which tax the caliber of the theoretical and practical experiences. They started out performing better than some of the others ended after training. Further, they had no intrapersonal conflicts to work out. Their maturity was evident. They could move through a training process at a rapid rate if they were given highly selective experiences. These young women were already sensitive and did not need to be put through amateurish sensitivity confrontations which some training now incorporates for everyone.

The largest group of trainees were the typical ones, those with potential but still many things to learn and work out. While they were not alike, they had a common level. They had the normal range of immaturity and identity problems of the age group which offered certain complications in their training. But these could be considered developmental rather than problematical. They needed individualized selection of experiences and some counseling and small group seminars to expedite the development of their potential. Problems which came up in training could be converted into ego-level learning situations with this subgroup.

The third subgroup fortunately was a small number. These candidates were in need of extensive help if they were to become effective teachers of very disturbed youngsters. Their personal development had significant areas of pervasive difficulty, usually showing up in both the personal and professional spheres. If these conflict-ridden individuals are not eliminated in a sophisticated selective process, drastic interventions will be needed before they can become productive teachers.

The application of the findings are many; certain concepts are being incorporated in both the special and regular education programs at the University of Michigan though the effort will be extensive and many revisions will be required. The individual trainee needs to know the pretraining information, cooperate in the planning of individualized training, and deal with feedback information. This means much more attention to small groups and the sustained and integrated training in contrast to the many separate courses which never coalesce into homogenous training experience. It means the identification of performance expectations in a far more accurate way.

Experience with this project has influenced faculty decisions and actions. Development of the Early Childhood Professional Program and an elementary educational program, Teaching as a Psychological Process, both utilize aspects of this plan. A special continuation study on training teachers for emotionally disturbed youngsters sponsored by the Bureau of Educationally Handicapped has just been completed. In particular, intensive use of the practicum in a way which integrates course content and actions with children is emphasized and the attempt is to individualize learning to meet the needs of each student. Recognition of the need for broad exposure to theory and content has continued. Early identification of professional commitment enhanced by a training in small groups which brings together staff and students with similar interests and commitment in a personalized training experience has continued in the programs.

Graduates are now working with young children in community mental health centers, in laboratory preschools which train teachers of the disturbed, and in intervention programs for the neglected in public school preschools and kindergartens. Those not in special settings serve as classroom teachers with particular orientation to behavior problems of children. Several are supervising new personnel or training students and more will be taking such roles. Some have returned for graduate work to prepare for research or university teaching.

As training continues to develop in both early childhood and elementary programs and in programs for teaching emotionally disturbed young children, the focus will be on helping students develop their own adequacies in a personalized and integrated way.

A book, *An Evaluative Approach to the Training of Teachers of Disturbed Preschool Children*, by William C. Morse, Jane Schwertfeger and Deborah Goldin, was published by the University of Michigan Publications in February 1973.

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TEACHERS OF EMOTIONALLY DISTURBED CHILDREN

Preparing Teachers for Special Programs for Emotionally Disturbed Children

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The New York University School of Education offers a graduate program for the preparation of specialized teachers qualified to teach emotionally disturbed children of elementary school age. The program is intended to build upon the professional competence of selected teachers already able to teach in elementary schools. A 1-year curriculum of 34 credits leads to the master of arts degree, or to a 6th year certificate of proficiency for students already holding a master's degree in education.

Comprised of new courses specifically designed for its purposes by the interdisciplinary faculty team who teach them, and characterized by a built-in evaluation process, this program was initiated as a pilot study, sponsored by the National Institute of Mental Health from 1963–1966 (MH-8172). The focus is on:

A. Enabling the teacher to provide, by means of her specialized knowledge, teaching skill, and capacity for fresh inventiveness, the kinds of individualized curricular opportunities for learning which disturbed children particularly require.

B. Enhancing the teacher's ability to engage in ongoing systematic educational assessment of individual children, in order to plan and utilize teaching process and content appropriate to their capacities.

C. Providing teachers with a sound working knowledge of psycho-educational research in the areas of human development, emotional disorders, and therapeutic processes in order to work as a knowledgeable member of the psycho-educational team.

Since its initiation, 136 students have been graduated from the program. Of these 111 were women, and 25 were men. The program began in the fall of 1963, and has graduated seven full-time classes.

Two kinds of school populations are sought in practicum facilities:

1. Psycho-socially disadvantaged children in a public school setting.
2. Severely disturbed children in specialized school or clinically oriented institutional school setting.

Although excellent teacher models are rare, the objective is to give service to and learn from the reality of schools in action. Criteria include observably favorable teacher-child relationships, openness of teachers to new teaching approaches and their desire to work with the program, and administrative support.

This is a 34-point, 2-semester program. Because of close team organization, course work and practicum experience are interrelated to foster skill in teaching. Through joint cross-planning of courses, the staff endeavors to broaden and intensify the way students learn. Students bring their practicum experiences into the classes and teaching is related to them. Students plan, take action, appraise results, and return to the resource of the curriculum course. The course on Emotional Disorders elicits and discusses their responses to particular children, and considers problems of teacher-child interaction. The course in Art Experience provides ideas and even lends materials for tactile and motor-sensory overtures toward reaching and moving a child responding to his environment. The supervisor of field work provides tape records for language studies. The integration seminars, flexible to student needs, can focus on concerns related to teaching and professional development.

The growing number of new school programs for disturbed children and mental health centers seek out the teaching services of the graduates, hiring them as quickly as they can be prepared. They are generally well received by school administrators, clinical specialists, and other teachers.

In 1966, at the completion of the NIMH Pilot Project period, this program became a regular curriculum of New York University, receiving annual grant support from the U.S. Office of Education. Since then numerous new teacher education programs in this special area have been initiated. Documented reports of the program have been shared with other universities, colleges, private institutions, and State education departments. Presentations, panels, and workshops have been conducted at such national organizations as The Council for Exceptional Children, American Orthopsychiatric Association, and Council for Children with Behavior Disorders. In New York City the Director of the Bureau for Socially Maladjusted Children, supervisors of the Junior Guidance Programs, and various school administrators meet and consult with staff frequently.

During the past several years there have been visits and correspondence with planners and directors of new and developing programs.

A followup inventory indicates that most of the graduates are at work in schools with troubled children both in New York City and in other States and other parts of New York State. Four graduates, with considerable experience in teaching, are now collaborative instructors of the curriculum course. Finally, the supervisor of field-work, an important member of the programs' faculty, is a graduate of this program.

After 7 years there is evidence that a good proportion of the graduates have above-average effectiveness in their ability to teach troubled children.

Teachers of Hyperactive Emotionally Disabled Children

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***MH-7559 1962–1967

This program established a training program for selected experienced teachers to enable them to deal with hyperactive emotionally disturbed children in an academic setting. The project included a teacher-training program and an evaluation of the teacher training program. The project provided training to approximately 15 teachers each year with a special concluding 2-week seminar for the teachers and their superintendents to develop procedures to create such classes in school systems on the local level. The training program was rooted in a method of teaching emotionally disturbed children by "reduced stimulation."

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Program for Training Teachers of Emotionally Disturbed and Socially Maladjusted Children

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***MH–7468 1962–1967

The objective of this program was to prepare specialists to teach emotionally and socially maladjusted children. Subobjectives were to (1) coordinate a training program using resources already available in the university; (2) develop a sequence of professional courses and seminars; and (3) develop field placements and a program of supervision for project students.

In addition to the originally planned MA degree program for teachers, there has been established a 6-year Ed.S. program for administrators and supervisors as well as a Ph.D. program for researchers and college teachers.

The original plan was to enroll 12 master's degree students annually. In the 5 years of NIMH support (1962–67) there were a total of 60 trainees, 53 funded by the NIMH. In the 3 subsequent years an additional 30 teacher trainees completed the program. The group may be characterized as bright, emotionally sound, 25 percent male and 75 percent female, young (under age 30), and experienced in regular classroom teaching.

A wide variety of community and State facilities have cooperated in the training program by providing supervised field placements for the trainees.

Evaluations have routinely reflected three important facets of the training provided in this 12-month program. In order of importance they appear to be the 9-month, 20-hour weekly supervised field placement, the 90-minute weekly group process seminar (t-group), and the didactic course work. Formal courses of high value were those that provide understanding of the psychodynamics of human behavior and those providing specific instructions in techniques of diagnostic and remedial teaching and of behavior management.

Special teachers for emotionally and socially maladjusted children are in short supply locally and nationally. Public schools and public and private institutions for disturbed and disturbing children have a continuing need for such teachers. Positions include self-contained special classes, resource rooms, itinerant tutorial and similar roles of direct service to children, advisory or helping teachers, and supervisory roles. With only a small proportion of disturbed children receiving educational services, employment opportunities currently and in the foreseeable future are unlimited.

When initiated in 1961, this project was one of only a very few in the United States. With the advent of widely available Federal financing for education in the mid-1960s, through Public Law 88–164, many colleges now have training programs for teachers of seriously emotionally disturbed children. Perhaps the major significance of this project lies in the national leadership provided by the program itself, and by staff and graduates of the program.

As a direct result of the program there were earned (to the present date August 1970) 65 M.A. degrees, 8 Ed.S. degrees, and 13 Ph.D. degrees in the area of education of emotionally disturbed children.

The most recent outgrowth of the original project is a 1-week institute for college professors which the staff has organized and directed each year since 1968. Up to 45 professors from small colleges throughout the United States are brought in each August for a week of lectures, films, seminars, etc., to update their knowledge about education of emotionally disturbed children. The objective is to prepare these college professors for more effective instruction of regular class teachers with whom disturbed children will spend most of their school time. Occasionally, a participant in these institutes develops a special training program upon return to his home college.

The program faculty has delivered papers every year, since 1962, at national and regional meetings of various professional organizations relevant to education of disturbed children. Beginning in 1962 the faculty organized several annual meetings of the directors of similar training programs and were among the organizers of the Council for Children with Behavioral Disorders, a division of the Council for Exceptional Children, NEA.

Until 1968, the only description of such a program ever published in a national journal was that of this program (*Exceptional Children*, March 1966).

Each year two or three requests are received from colleges around the country for details of the program. Staff members have lectured on training programs and/or advised on training programs at colleges and State education departments in California, Iowa, Michigan, Minnesota, Nebraska, New York, South Dakota, and Wisconsin. In the last 2 years there have been visitors from other universities interested in establishing doctoral programs for the preparation of researchers and college teachers in the area of education of emotionally disturbed children. In November of 1969 the doctoral program was presented at a national meeting of program directors for their consideration and possible use.

Upon completion of the program for teachers, trainees usually split into two major groupings. Approximately two-thirds accept special teaching positions; the remaining one-third moves into leadership roles or continues on in graduate school. The vast majority of those who become teachers are placed in special classes in public schools; a number of them have subsequently moved to administrative or other leadership positions, so that currently approximately 50 percent of the graduates are directly engaged in teaching disturbed children.

All of the graduate administrators and Ph.D. people trained in the program are actively engaged in the training and supervision of others who are, or will be, teaching emotionally and socially maladjusted children.

These program graduates, illustrative of many, have not moved into existing programs or positions and simply held on but have brought substantial change and innovation to school programs. Many have organized new programs in residential institutions, public schools, and colleges. It is expected that major long-term gains will derive from the college professors and from the administrators who were started on these careers by this pilot project.

A training film for the crisis teacher model was developed by Professor Frank Wilderson together with Mr. William Smith, one of the program graduates. This 40-minute color film describes the crisis teacher model as one way of making special provisions for emotionally disturbed children in public school regular classes. This film is routinely used in the training programs at all levels, including the institute for college professors.

From a one professor beginning, the University of Minnesota has continued to encourage the development and expansion of this training program. In the mid-1960s the NIMH support was phased out and USOE support for both M.A. and doctoral programs was obtained. The program continues to receive substantial support from the USOE, Bureau of Education for the Handicapped and from the University itself. Major emphasis has from the beginning been devoted to modeling a program of teacher preparation which could be exported to other institutions and to the development of college teachers and researchers who would go on to provide leadership in other institutions.

8

MENTAL HEALTH TRAINING FOR TEACHERS

A Demonstration Program in Mental Health Education for Prospective Teachers

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MH–6635 1958–1964

The aim of this pilot program was to develop and test methods of training teachers to make them more effective in helping children to become self-starting, self-correcting learners with realistic self-knowledge, self-confidence and a positive responsiveness to other people and to life in general. Methods were sought, therefore, which would engender these qualities in the teachers.

Experimental methods of various kinds were used with about 1,000 pre-service teachers. Subsequent projects funded by NIMH and the U.S. Office of Education continued this work. The resulting program forms the central, continuing thrust of the Research and Development Center for Teacher Education (National Institute of Education). In all, approximately 5,000 undergraduate teachers-to-be at the University of Texas at Austin have been involved in one aspect or another of this program. The experimentation has been a joint undertaking of the Federal funding agencies, the Texas Education Agency, the University of Texas at Austin, and the Austin Independent School District where the students do their observation and student teaching.

Training institutions are adopting these procedures at an expanding rate, through the Inter-Institutional Network of the University of Texas R&D center. For example, teacher education majors at 10 different teacher training institutions were involved in planning the 1972–1973 academic year.

Out of this work has grown an integrated system of concepts and techniques which *personalize* instruction to the individual student teacher. The system's purpose is to enhance the teacher's ability to *cope* perceptively, autonomously, and effectively with the individual needs of pupils. Highlights of the system include the following processes. All undergraduate candidates for teacher education go through an assessment process that measures not only subject matter knowledge but experiential background, attitudes and personality characteristics. Drawing all of this information together, a trained counselor discusses with the student his or her major characteristics, how these relate to a teaching career, and what the student might do to enhance his own personal and professional development. In essence, this is a "feed-back" session where the student has a chance to see himself objectively, in a realistic but supportive atmosphere. Next, the students' actual preoccupying concerns are identified. In the selection and arrangement of course content, efforts are made to time topics so that they are in step with the naturally occurring sequence of concerns which individual students show. Care is taken to adapt teaching-learning experiences to the developmental stage where particular individuals find themselves at a given time. (Underlying this is a conceptual model, empirically derived from the study of students, which sees the teacher as a human being who develops from a self-concerned individual through several stages of concern with professional role requirements to the point of being primarily concerned with the developmental needs of pupils.) Ways have been developed to adapt both sequence and the pace of learning to the specific needs of each student through systems of instructional modules and tutorial help from older undergraduates who have had student teaching. Content from the traditional fields of professional education is also being converted to self-paced modules on child psychology, on how to identify and live with the organizational structure of schools and how to adopt a team approach to instruction, to name a few examples.

The student is involved, from the outset of training, in actual efforts to teach. The student is videotaped, while teaching, and helped to analyze his own performance as a basis for discovering or devising ways to do a better job. While adaptations of microteaching have been introduced in order to teach specific instructional skills, the unique feature of this program is the personalized way in which videotape feedback is addressed to the specific, individual concerns, characteristics and needs of the individual student as a person.

The most recent aspect of the program is currently being developed with inservice teachers, but it is intended for eventual inclusion in the preservice program. In this operation, a child behavior consultant helps the teacher learn to identify the coping patterns, and the reasons for them, of children who present particularly challenging problems to that teacher. The consultant and the teacher, together, try out tailor-made instruction, aimed at the individual child, with continuing feedback from videotapes and the teacher's own observations. The consultant also acts as a catalyst to increase the teacher's willingness and skill at calling on other members of the school staff and on outside resource agencies for ideas, materials or action which may help her to meet the child's needs. The effect of this is to dissolve the walls of the self-contained classroom, even when the official organization is still that of one teacher to one classroom of children.

Graduates of this program can operate effectively in conventional school settings but they are also equipped to deal more flexibly and inventively with new forms of school organization, such as team teaching, and with technological improvements which allow for self-paced instruction operated by the children. The uniqueness of this program lies partly in its central idea, which sees the professional act of teaching as an act of continuing self-actualization, aimed at maximizing the self-actualization of children in realistically timed and perceptively chosen ways. This is diametrically opposite to the conventional model that actually obtains in most places, where the teacher's main responsibility is seen as communicating a standardized set of information and skills to relatively undifferentiated groups of pupils according to a predetermined timetable. The other unique aspect of this program consists of the specific, new techniques which have been adapted or invented and thereafter assembled into a comprehensive system for accomplishing this purpose. Many supporting documents and procedures have been developed for use in establishing a Personalized Teacher Education Program. For the various instruments, formative and summative evaluation data and research studies are published. A series of manuals and a 5-day initial training workshop for counselors have been developed. Instructional modules in language arts, science, mathematics, team teaching, and analysis of teaching behavior have been developed. A set of workshops for teacher educators are presently under development to facilitate college faculty skills in conducting videotape feedback sessions, functioning as an interdisciplinary faculty team and an orientation to modules and their role in personalized programs.

Measurement of the effects of this training on graduates of the program has shown significant superiority to conventional programs of teacher education in the directions specified. In a sense, it may be said that the pilot work begun in 1958 had substantially been completed by 1969. Collaborative relationships have been established with approximately 25 teacher-training institutions around the Nation for the purpose of field testing products developed at the Center. These collaborative efforts include not only evaluation-oriented data collection, but also sharing of expertise, experiences and resources to facilitate each institution in developing personalized teacher education programs. These collaborations include staff development activities and consultation visits in order to assure high level use of the products and procedures which are being evaluated. A tertiary component of the collaborative effort is the study of change in teacher training institutions as they go through the complex process of adopting new procedures for their teacher training programs. This third component has resulted in a concerns based model and case study of the adoption process.

Information about the program is nationally distributed by the R&D Center through the ERIC Center for Teacher Education through reports at meetings of AERA, APA, AACTE, and through its own continually expanding mailing list. Videotapes, as well as printed materials, are used. Visitors and correspondents from many other countries, on every continent, have been given detailed information. The program materials and methods are commercially published as they pass final field tests.

A Program of Teacher-Training to Facilitate Mental Health

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***MH-6624 1958–1965

The Wisconsin Teacher Education Research Project was designed to determine what effects different college instructional approaches would have on students preparing to be elementary school teachers. The three instructional approaches included: (1) the Concept-centered approach; (2) the Case Study approach; and (3) the Learner-centered approach. The major question was, how do these different instructional approaches in a teacher's university training affect the mental health of his pupils? Two related questions which influenced the design of the research were also investigated. They were: (1) What is the influence of different instructional approaches in teacher-training courses upon the communication behavior of student teachers? and (2) What aspects of teacher communication behavior, if any, influence mental health in the classroom? The study was designed to answer questions about the impact of these differing instructional approaches on students' behavior in elementary classrooms during their junior and senior years while on campus and during their first year as beginning teachers.

Fifty-one students completed the training program in one of the three instructional approaches. Thirty-six of those 51 were also used as followup subjects during their first year of teaching in classrooms in six States. In addition to the subjects whose teacher preparation was influenced by the nature of the project, 15 faculty and 20 graduate students were substantially involved in the instructional or research activities of the project. The instructional program included the final 2 years of the teacher preparation program and the research activities from planning stages to completion of the final report spanned a period of 9 years.

University of Wisconsin instructional facilities of the School of Education were the central facilities used in the study. These facilities were supplemented by research and counseling facilities which were specifically related to the implementation of this project. Tape recordings played an important role in the analysis of the instructional methods used by the individual professors and by the subjects in their classrooms as student teachers and as beginning teachers.

The Wisconsin Teacher Education Mental Health Project made significant contributions in a number of areas including research findings and training, and in the training of prospective teachers and teacher educators.

The research contributions of the project provide insight into the nature and importance of the personal dimension of teacher communication in the classroom of the elementary school. The personal dimension factor of teacher communication was the only factor consistently associated with positive scores on school adjustment measures.

Some 20 different research instruments were developed or substantially modified from existing instruments. These instruments not only provided the means for data collection for this project but have served as reference for training materials for other projects later developed but with similar concerns. Five hundred copies of the *Wisconsin Teacher Education Research Project: Design and Instrumentation* monograph have been distributed as a reference to the general design and instruments used in the Wisconsin Teacher Education Project.

The present School of Education program for the Culturally Diverse, including both ghetto schools and children in Indian communities, has been developed by a faculty member who as a graduate student designed his dissertation study as a part of the mental health project. His present concerns for the mental health of all students on campus, and particularly of those whose interests are in the area of the Culturally Diverse, can be traced to his training in the project.

The impact of the project on continuing educational planning within the School of Education has been substantial. Several of the principal researchers involved in the program either as faculty or as graduate students are presently on the faculty in leadership positions. In addition to the general contributions of an evolving teacher preparation program, these faculty members have made significant contributions to our present efforts in the development of the Wisconsin Elementary Teacher Education Project (WETEP). A models project supported by the U.S. Office of Education, WETEP, emphasizes a personalized approach to teacher education and is designed among other things to explore the impact of technology on the personalization of teacher education.

Mental Health in Teacher Education

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***MH-6625 1958–1964

The overall purpose of the project was to explore the ways in which mental health concerns could be involved in the education process. The three parts were: (1) the development and the use of teaching techniques which promoted mental health; (2) the production of teachers; and (3) the development of understandings and hypotheses about how to develop teachers who would promote mental health in their students. The action plan for this project was as follows: (1) The college organized small faculty teams, each of which worked with a group of students as long as they were in the program. (2) Each faculty team had primary responsibility for its groups in those matters which are characterized by gradual and continuous growth. (3) The College supplemented each team as necessary with specialists to teach those matters which involve a particular expertise. (4) The College cultivated an especially close, cooperative and permissive relationship with a cluster of elementary and secondary schools; and (5) a new program of coursework was experimentally evolved.

9

SCHOOL CONSULTANTS

Training New Personnel for Behavior Modification

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MH–11739 1969–1974

The training program was designed to produce new professionals in the field of child behavior modification through a 2-year master's program of academic, practicum, and research training using a university preschool as the primary training site. The trainee, upon completion of the program, is skilled in the analysis of child behavior problems into statements of undesirable behavioral repertoires too high in strength, and desirable behavioral repertoires too low in strength. Thereupon, the trainee is able to design and implement modification programs based upon social and tangible reinforcement and conceptual programming techniques which will accomplish remediation of the problem. These programs will be implemented according to experimental designs allowing clear analysis of their effects, will be based upon objective measurement through demonstrably reliable observation techniques, and will be pursued until the durability of their outcome is established.

The program has operated under NIMH support for 4 years; some 24 trainees have received support. The trainees usually enter the program with bachelor's degrees in some area of social science, often in child development or psychology, but occasionally from fields as distant as English or history.

The Kansas Neurological Institute allows trainees experience with institutionalized child behavior problems; the Juniper Gardens Children's Project allows experience with economically disadvantaged ghetto children. The majority of training occurs within the University of Kansas preschool laboratories: all courses offered by the Department of Human Development are open to trainees of the program.

The academic program consists of a 40-hour M.A. degree with research thesis. The thesis must be an experimental analysis of a successful remediation of a child behavior problem, using one or more children. As part of the thesis effort, the candidate must develop, demonstrate, and apply a reliable method of free field observation of the behaviors involved in the child's problems, must quantify those behaviors, and must display experimental analysis of the techniques which remediate that problem. Concurrent course work emphasizes principles of behavior, laboratory experiences with animals and children, and research design appropriate to applied and field settings as well as substantive topics of child behavior (language, socialization, cognitive development) and technique-oriented instruction in modification and programming technologies. Field work consists of daily practicum experience throughout the 2-year program in preschool settings acting as an assistant teacher, and a semester's experience in another more specialized settting (preschool for the deaf, day care center for ghetto children, institution for retarded children, etc.).

The graduate of the program is well-trained in both preschool education/day care techniques, and child behavior modification. Employment has been found in preschools (especially university preschools), day care centers (especially for deprived or handicapped children), child development clinics, departments of child psychology or psychiatry, and research centers. Current requests for graduates from the program are from both research- and service-oriented preschools, university research centers, Government-funded research projects aimed at ghetto or reservation children, clinic-schools of psychiatry departments, and a variety of headstart and follow through operations.

The project is meant to explore the possibilities of training new personnel in an unusual combination of skills—the very old ones of child care and early education, and the very new ones of behavior modification. This combination is seen as novel and as not yet thoroughly validated; therefore, this project instills research skills and values in its practitioners so that they may conduct their practice as an exercise in the proof of its effectiveness, in every case, and as research into the technological development and advancement of the combination.

The project will probably have yielded between 30 and 35 graduates by its termination date. These trainees have found employment in key settings for dealing with child behavior problems, in that they have chosen settings in which they can contribute behavioral-process-based techniques to ongoing programs of remediation and education. These programs usually are considered models and are oriented toward innovation and development of new techniques; thus they are often visited and copied in part. The contributions made by trainees of this program are in the areas of new techniques, ongoing evaluation of old and new techniques, and staff training or retraining and evaluation. The present locales of the program's trainees include New York, Chicago, Los Angeles, Austin, Flagstaff, Baltimore, and other cities well scattered across the United States. The majority of the trainees are working in programs aimed at children in trouble or at risk in ghetto preschools, Indian reservations, impoverished rural baby clinics, or clinical treatment centers dealing with autistic, retarded, schizophrenic, learning-disabled, handicapped, or language-deficient children. One trainee has taken a university position to develop a program to produce similarly skilled trainees. Current requests for graduate trainees emphasize paraprofessional training rules for community mental health centers, with special focus on parent training.

The program has also concentrated on the development of precise, quick and easy-to-apply evaluation techniques to determine whether desirable behavior changes do in fact take place as programmed by the trainees and *their* trainees.

In addition, the program has developed a series of techniques for application to the behavior problems of children (and adults) directly. These include patterns of social contingencies for application to problems of aggression, withdrawal, bizarre mannerisms, cognitive deficits, poor motor development or coordination, dependency, domination, etc. Other techniques have been developed to recruit ecological factors in aid of behavior change, especially in classroom and group settings for children. Yet others have been found for recruiting a child's peers into the modification of his problem behaviors. Techniques for the development of both social and tangibly based reinforcement systems have been codified, and the necessary role of personal teacher guidance techniques within token reinforcement systems has been clarified and, to some extent, codified.

The program has been visited by child-discipline professionals about 50 times, and has provided demonstrations of its methods. Approximately 30 research reports have been produced; about 20 of these are in print; the remainder, and perhaps another 30, should be published within the next 5 years. A complete textbook is under preparation which will detail all methods and findings. Presentations of techniques and their results have been made yearly or twice-yearly at professional meetings. In addition, two exchange meetings with the National University of Mexico and this program have taken place.

The implications of the program are that it is readily possible to produce a new professional for the child disciplines, one who can embody a thorough expertise in behavioral principles, together with the ability to further research, develop, and evaluate those principles and their derivative techniques for the benefit of children in trouble in the total variety of settings in which such children are found.

Psychologists for Cross-Role Consultation in Schools

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MH–11217 1968–1972

This program trains and places social psychological specialists to create a new role in educational settings. The focus of the program is on problems of communication, cooperation, and problemsolving, primarily among adults, that prevent achievement of goals held by the adults in schools and in the community. The new role is based on social systems concepts: The mental health of children is regarded as the outcome of what the adults in the systems do, and not what the children do or what the specialists might do to or with them.

The role is distinctively social psychological in its focus; it is not based on clinical, cognitive, or developmental psychology. Problems are not defined, assessed, or treated as being within the individual. Interpersonal, intergroup, and interlevel relations and functions are the focus: competitive antagonisms with others, fear of others, being blocked from others, misunderstanding others, not making oneself understood to others, not getting the resources others have to offer, being coercively pressured by others, having no sense of influence over what happens to one in the school, and the like. The specialist's purpose is not so much to diagnose as it is to help others diagnose; not to treat, but to help others reach understandings of common goals, problems, and solutions.

The training program is in its final year (1973–4). Trainees have been recruited from the ranks of Peace Corps returnees, welfare workers, recent liberal arts graduates, college and public school teachers, administrators, and religious orders. Graduates have been placed in organizationally facilitative roles in public, private, parochial, and archdiocesan schools; in junior colleges, in a 4-year college; in a university; in a mental health center; and in a residential center for mentally retarded children.

Academic parts of the program provide concepts, theory, and findings related to psycho-social systems, induced social change, group dynamics, personality, educational theory, research methods, and the history, philosophy, and sociology of education. Practicum parts of the program included on-campus and off-campus laboratories in interpersonal and group processes, observation of communication in schools and analysis of observation records, and a year's half-time internship in a school, enacting the new role of social psychological specialist. The first 2 years of the Ph.D. program are identical to the (2-year) program for MA specialists.

The project is unique in four ways: (1) It constitutes a coherent, practical, and tested answer to school psychologists' questions about how their role might become more effective in influencing major dimensions of school life through scientific method and data. (2) It develops an intervention role based on the only body of psychological theory and findings that includes both the influencer and the influenced, the treater and the treated in its terms and data, namely social psychology. (3) It is built on previous practical and research experience in business and industry; and (4) it yields research on organizational phenomena that is both useful to the practitioners in the organization and highly suggestive to the basic researcher in the university.

Limited experience with role activities to date suggests that they have two major effects: facilitating productive communication between levels and groups in schools which have been previously noncommunicative or antagonistic; and strengthening collective problem solving by concepts that lead to increased analysis of problems before adoption of solutions.

In the initial phases of the program the Chicago Public Schools agreed to participate but subsequently withdrew. Cooperation with archdiocesan schools has remained high, and one private parochial high school has become virtually a training and research center for the development of the role. The religious order supporting this school is supporting the academic costs of one member to take on the new role. This member has conducted analysis and has carried out interventions not only in the highly cooperative high school but also in another organization that the religious order manages. In general, suburban public and urban private schools are most cooperative. The question was raised as to whether it makes sense for a low-energy system, like most urban school systems, to employ this kind of organizational specialist. There must be energy left over in the system for self-renewal in order for the activities of this role specialist to be useful.

A number of papers and several dissertations have been produced.

Training Program for the Child Development Specialist

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***MH-11199 1968–1971

Florida State University is developing and evaluating a Training Program for the Child Development Specialist. The objectives are to produce professionals: (1) sensitive to the "whole child concept"; (2) capable of applying child development concepts on every level and segment of the educational structure; (3) able to communicate with administrators, teachers, parents, children, mass media, consulting specialists, and other school personnel; and (4) productively able to use evaluative tools. The Child Development Specialist is seen as one who works toward primary prevention; i.e., defining, detecting and sorting out possible future problems. The Child Development Specialist must be trained in such a way as to develop the conceptual skill of placing the child in the context of his full ecology. The program objectives include preparing specialists who will be qualified to perform the following duties:

1. Detect when children have special needs or are likely to have;
2. Assist individuals in receiving necessary services;
3. Coordinate community services received by children and their families so as to prevent duplication of these services;
4. Coordinate school services received by individual children;
5. Make home visits so as to work directly with the family (the Child Development Specialist should be able to make contributions concerning dietary practices, family planning, finding parental employment, etc., as well as parent education);
6. Prepare school-wide preventive programs and make periodic reports to principals, administrators, and the Board of Education;
7. Be creative in locating services for individuals if the services are not provided by the school or the community;
8. Develop inservice programs dealing with school and community responsibility and involvement regarding the concept of prevention rather than correction;
9. Engage in action research so as to detect needs and to determine effect of preventive programs;
10. Promote skill and understanding in interpersonal relationships with children, parents, teachers, administrators, and other community members;
11. Utilize an interdisciplinary approach to assure the viewing of children from various disciplines while remaining uncommitted to or not identified with any specific professional discipline.

Eight individuals have been trained and graduated. Seven of the eight are now working as Child Development Specialists in elementary schools. The eighth has deferred her employment. All of the trainees had bachelor of science degrees and all but one had experience in teaching elementary school. Seven of the first eight were certified in elementary education, and the eighth had a major in psychology.

The target population for selection has been the elementary school with recruitment directed at county superintendents of schools.

The primary effort has been to enlist county superintendents and elementary principals to select and refer individuals to the program with a commitment from the referring school system that these individuals will be employed upon graduation as Child Development Specialists in their home school systems. This effort has been partly successful with about half of the trainees being referred from public school systems.

The program director and coordinator have met with superintendents of schools in several States, and there has been a consistent statement of need by the superintendents for the Child Development Specialists in elementary schools; however, many superintendents have been unable to refer their teachers to this training program due to budgetary restrictions. Lack of funding appears to be the only deterrent to the rapid development of the Child Development Specialist role in the elementary school.

The uniqueness of the project is in the "generalist" training of the Child Development Specialist whereby the trainee is not just another school counselor, visiting teacher, social worker, school nurse or psychologist, but while performing some of the functions of each one is able to work for the alleviation and prevention of problems which interfere with the child's development and learning in a totalistic approach.

The project accomplishments include the graduation and placement of seven Child Development Specialists in school systems of Florida and Georgia. It is too early as yet to evaluate the impact of the project, but it appears that the Child Development Specialist is uniquely able to deal with problems which are beyond the scope of present pupil-personnel services such as educational counseling, school nursing, school psychologists, social workers, etc.

The benefits to the school systems have been in terms of meeting unmet needs such as those which affect not only the child but his family, neighborhood, and community. The unique contribution of the training program to the school system and the community is in the full utilization of community resources by an individual—the Child Development Specialist who is functioning as an "agent of change."

Information about the program has been disseminated through participation in State conferences of superintendents of schools, State psychological associations, early childhood education conferences, etc. The response has been encouraging. While professional educators and superintendents of schools acknowledge the need and express a desire for trained Child Development Specialists in each elementary school, there is today a general reluctance on the part of boards of education to provide the funding which would make possible the incorporation of this new specialist into the school system.

It appears likely that Federal funding is needed in terms of stimulation grants to local school systems which will enable superintendents of schools to hire Child Development Specialists so that, through demonstration of their work and effectiveness, local school boards may see the role as essential to education. If this is done, the models which are developing at Florida State University and other universities must be incorporated into the graduate programs of many universities with initial Federal funding support. At the present time, it appears likely that Florida State University will provide financial support for the continuation of the Child Development Specialist Training Program after termination of Federal grant support.

Training of Child Development Consultants

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***MH-11149 1968–1971

The Child Development Consultant (CDC) Project is an attempt through the integration of behavioral scientific theory and clinical experience to prepare educational personnel to aid schools in establishing innovative, individualistic learning environments based on humanistic educational principles.

The major emphasis of the humanistic consultative process of the project is prevention and intervention within the early elementary school program rather than remediation of disadvantaged youth. It is an attempt to refocus the attention of educators, communities, and administrators from the concept of "patching up" (special education model) the so-called unattended ills inherent in the American school system. Thus the teacher remains the central agent for affecting the changes which occur in the classroom while the CDC personnel serve as facilitators in helping teachers develop the skills which will aid them in dealing with the needs of today's youth.

The project is engaged in both the preparation of a new breed of interdisciplinary consultants and the demonstration of the humanistic approach to education in actual school situations. Additional objectives of the project are:

1. Utilization and development of individualized institutional materials and resources;
2. Identification of and experimentation with desirable humanistic resources to solve nonacademic problems that impede students' school participation;
3. Promotion of community involvement to increase the concern and participation of parents and other lay persons in the educational processes which their children are experiencing;
4. Provision of consultation to teachers and other school personnel, through ongoing workshops, process groups, inservice and preservice training programs to expose them to new ideas and techniques;
5. Acting as a catalyst for integrating the roles of parents, school personnel, and community toward changing the schools for greater relevancy for today's youth;
6. Elimination of the traditional special education classes and the preparation of special educators to serve as resource people rather than special education teachers.

The training program became operational in the fall of 1968. Ten trainees were selected to participate in a 2-year program. Among these 10 trainees, five have completed masters degrees in education, three have completed course work for specialists' degrees in education and one trainee has completed a major part of the requirements in a program which provides a degree in the Department of Special Education for the Emotionally Disturbed. Nineteen trainees are presently participating in the project.

The consultative role will be characterized by:

1. Working exclusively in a *single* elementary school;
2. Working with the total school climate while emphasizing intervention for children at the early elementary levels;
3. Serving teachers, supervisors, and administrators in efforts to promote mental health approaches rather than as a client service agent to children.

The CDC Program is in operation in seven schools in the inner city of Detroit which are involved in the urban program in education, and in three school systems outside of Detroit public schools. Within the urban program, the CDC has served as a catalyst for promoting change in classroom climates and teacher attitudes within the seven schools.

The CDC Program has utilized the existing courses in the behavioral sciences at the university as a basis for preparing for consultative process in humanistic education. The field work serves to provide a body of knowledge clearly related to the "world" of the consultant trainee in a particular client system. The unique feature of the training program is content material emphasized in the program. The seminars serve as a forum for discussing the problems encountered in the "life space" of the school. The seminars have emphasized consultation theory, change agentry process, strategies for change in social system, curriculum innovation, humanistic education and community involvement. In keeping with its philosophy, plans are being made to create curriculum patterns, within the project for the year 1970–71, which are based upon the educational and interpersonal problems arising out of the social system where change is advocated. The CDC trainees with the staff and personnel have also designed a course to disseminate the goals and philosophy of the project to the larger school staff who are not specifically involved in the urban program. The course is entitled "Change Agentry in Programming a Developmental Environment for Schools for Children."

Training Child Development Specialists

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MH-11067 1968-1971

The Child Development Specialist (CDS) Training Program that was initiated at Kent State in 1968 is designed to prepare students to function as mental health specialists at the public school level. The approach to mental health to be taken is based on a preventive model that emphasizes the reduction of the systematic destruction of human potential. Although the focus of attention is the public educational system, and the major thrust is toward improvement of knowledge of child development by teachers, the home is recognized to be a most significant contributor and requires that parents also be involved. Emphasis is placed on school/community relations, interprofessional interaction, and continuing evaluation of curricular relevance.

By the end of the 1972-73 school year, 17 students will have completed the program, and six additional students will have completed the first half of the 2-year commitment. Although the program began under NIMH auspices in 1968, it was re-funded by the Division of Special Education of the Ohio Education Department to run through June of 1974.

Students are selected on the basis of interest, intellectual and personal potential, and to some extent on educational and other experiences. Undergraduate major focus, sex, and race are not considered in selection. Of the students in the program to date, 13 are female and 3 are black. Each year brochures and other forms of advertising are used to announce the availability of program opportunity.

Facilities which continue to cooperate in the training program include the Kent University School, the Child Study Center, the Guidance Laboratory, and the Bureau of Educational Research. Through these agencies, training in observational techniques, interaction with trainees from other programs, and research experience all contribute to the quality of the program.

The total training sequence covers 99 quarter hours of course work over a 2-year period, culminating in an M.A. or M.Ed., an educational specialist degree, and a certificate as a school psychologist. Students are employed half-time beginning in September of the year that they enter the program after a summer of orientation and 15 hours of introductory courses. After September, all courses are taken concurrently with the internship for which the student is paid one-half of a teacher's salary.

All pertinent courses are taught within the school psychologist division of the Counseling and Personnel Services Department, with a sequence of courses developed especially for this program being offered continuously throughout. They include work in personality theory, decisionmaking and behavior, the role of the change agent, research as applied to preventive psychology, and continuing seminars for the exchange of didactic learning and internship experience.

Functions performed by the preventive specialist include:

- Consultation with teachers and parents concerning results of intensive observational and sociometric study of classroom interactions;
- Inservice programs for parent and teacher groups, centering on child development issues, the role of professionals, group processes, and decisionmaking;
- Research studies to evaluate the effectiveness of various school programs (including curriculum innovations, social development programs, etc.) and their relation to school objectives;
- Development of programs to increase community involvement in school ac-

tivities and identification with educational goals.

All such activities are carried out in conjunction with the traditional clinical functions of the school psychologist.

Job opportunities, which created a problem with the Child Development Specialist designation, are plentiful for the preventive specialist in school psychology. In Ohio, approximately 100 openings for school psychologists are unfilled each year and the preventive specialist is highly qualified for such positions.

The uniqueness of the Kent program resides in the development of specialists in developmental problems whose focus will not be on the children involved, but on the school and community conditions which contribute so heavily to the formation of the personality. Both theoretical and practical aspects of the approach are mastered. Students are qualified not only as consumers of the method, but as teachers of the approach to others in the school system.

The preventive school psychologist program is the outgrowth of the CDS Program at Kent. It has been accepted in principle by the appropriate State and national professional organizations, by the Ohio Inter-University Council, and by the Ohio State Department of Education. The effect on schools and communities is beginning to be noticeable as programs are being established in several Ohio school districts based on the preventive model. This is due primarily to the impact of intern psychologists on the professional staffs and parent groups with which they are working.

Graduates of the program have gone into a variety of professional roles. Two are completing doctorates in the preventive area. One works with the Tennessee Re-Ed Project, two in mental health centers, one has returned to teaching, and all others who completed the program are certified school psychologists.

Materials that are appropriate to the program are being developed and will be submitted for publication during the next school year. They are currently being used in mimeographed form by students who are contributing to their development. Presentations are being made to a variety of lay and professional groups, and students are involved in the application of the approach in new schools as well as with districts which have agreed to try the method in existing systems.

Because of the experimental nature of the project and the many modifications that have been introduced since the program began, implications for manpower utilization are not yet clear. The feedback that has been received to date is enthusiastic and optimistic as to the long-range potential of the preventive approach, but many obstacles must be dealt with before the practicality of the program can be assessed.

Kent State University has responded to this program by adding a staff member to the school psychologist unit at a time when most programs are being cut. The contribution of the Division of Special Education has been a significant factor in the transition to in-house support. A cost/benefit analysis is unavailable at this point since the relationship of teacher training and other aspects of the preventive specialists' work to modified student behavior cannot be effectively evaluated over this short time period. However, the fact that problems that involve all children are dealt with at the level of the institution suggests that the impact on individual children will be considerable.

Training of Child Development Consultants

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MH–10978 1968–1973

The Child Development Consultant (CDC) Training Program at George Peabody College for Teachers is a subdoctoral graduate training program concentrating on building skills leading to employment rather than further graduate work. The program trains a wide range of specialists who work with adults (i.e. teachers, parents, mental health workers) who have significant influence on the environments of children. The program offers majors in psychology, special education, or education with areas of specialization relating to specific settings and areas of expertise. Undergraduate academic preparation may include education, psychology or other behavioral sciences.

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[1] For current information on the project, contact Dr. Robert B. Innes at George Peabody College for Teachers.

CDC training is organized around the "open-humanistic" model. Every effort is made to offer trainees the maximum in personal choice and an equal voice in the decisionmaking process. The program is governed by a policymaking training committee composed of equal numbers of students and faculty. This level of participation makes it possible to utilize the program itself as a model for organizational development.

All trainees develop a core of "process" skills in the areas of (1) naturalistic data gathering and evaluation; (2) consultation; and (3) group process facilitation. In addition to core skills, each student designs an area of specialization with the general role described by program guidelines. The skills and content within the area of specialization represent an important extension of the core skills. They provide substance and a vehicle for the change agentry skills represented by the core. In order to facilitate the development of the specialty area the program provides a large number of personal skill and content objectives which form a "pool" from which trainees may choose. Each trainee sets his own personal objectives and defines his training needs through a process which includes mini-courses, exploratory practicum, consultation with staff, a tool called the "Role-Goal-Q Sort," and through systematic data gathering.

The program attempts to relate content and skill development training to ongoing practicum and internship experience. During the first three semesters (12 months) students spend approximately quarter time in a practicum setting. The program has focused a great deal of effort on establishing a stable ongoing relationship with its practicum settings. Practicum supervisors act as consultants to practicum setting staff. The program also contributes to the settings by putting on inservice training. The four practicum settings are: (1) a public school pupil-personnel team; (2) a comprehensive mental health center; (3) a comprehensive day care center; and (4) a "re-ed" center for emotionally disturbed children.

The internship consists of a semester length full-time involvement with a professional field setting. The internship is designed as a supervised experience leading directly into employment at the internship setting or at a similar setting.

In the content area, the program maintains four seminars which supplement content courses taken outside the program. At the present time these seminars cover four general areas: (1) Group process and interpersonal communication; (2) naturalistic data gathering; (3) day care and preschool; and (4) program development and evaluation. Most of this coursework is offered in a unique manner. Based on information from practicum team meetings, practicum supervision, and trainee requests, the staff attempts to offer content and skill-building experiences at times when they are relevant to the needs of the trainees. Trainees choose those training experiences which they feel are relevant to their goals. The system is monitored by categorizing activities compiled from an activity log kept by trainees. When a trainee has completed the required number of hours in an area, a course description is developed based on the experiences listed and credit is given for the course. There is no specific timeframe for courses except that students must complete the seminars before they leave the program.

The program is unique in its extensive commitment to evaluation. The evaluation scheme defines evaluation as the process of delineating, obtaining, and providing information useful for defining decision alternatives. To the greatest extent possible, evaluation and training are integrated to provide continuous feedback to trainees on their progress and to the program on the effectiveness of its training.

The program has trained 47 people since it began in 1968. A survey of program graduates showed that over 90 percent are presently employed in roles consistent with their training. A recent canvass of employers of all CDC graduates showed the following activities to be most typical of CDC graduates: (1) Inservice with teachers and paraprofessionals; (2) consultation with agencies or schools; and (3) administration to outside programs. Employer satisfaction is high and the program has consistently placed its graduates in positions of responsibility.

10

ADOLESCENCE AND YOUTH

Training Program for Peer Sex Education Counselors

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**MH-13542 1973–1975

The University of Massachusetts' health service will develop a peer sex education program which can serve as a model in the use of trained college students in an educational, counseling, and supportive role in order to promote among peers knowledgeable, responsible, nonexploitative decisionmaking with respect to sexuality. Approximately 100 student counselors will be trained during the grant period.

Specifically, the project will investigate the most appropriate training models (preservice and inservice) for Peer Sex Education (PSE) counselors who will serve as resources to various population target groups: residence halls, fraternities and sororities, commuters and married students. Counselors may use one-to-one counseling, participation in formal rap sessions and other appropriate mechanisms of interaction such as colloquia (one credit seminars), dorm and campus lectures, and discussions or films. In addition, counselors may provide references and referrals as well as written information to helping agencies. They will also provide an effective liaison between professional helping agencies and the target population groups. The training program, using a variety of training methods (lecture, demonstration, role play, discussion) will develop these necessary skills. These training groups will be thoroughly evaluated.

Trainees, male and female, must be undergraduates, at least second semester freshmen, but no more advanced than the second semester juniors. (The only exception is that the counselors for the commuter population may be first-year graduate students.) No prior preparation is mandatory. All applicants for training must make a commitment to stay with the program for a minimum of three semesters (one preservice training, two inservice). After submitting written application, each candidate has a personal interview with a member of the steering committee.

Each counselor will be required to enroll in a one-semester, graded three-credit preservice course. Counselors will develop a solid grasp of content-oriented material; an awareness of helping and referral agencies, and people on and off the campus; a grasp of educational techniques and methods; and develop group dynamics and counseling skills to use information effectively. Once on the job, 3 hours of group consultation time per week will be required. The inservice obligation is necessary to meet problems once they become real, to share successes, to develop new skills, and to continue to provide a support group for the individual PSE counselor. Involved in this will be discussion of problems, feelings and reactions, using such techniques as video taping, roleplaying and observer-participant exercises.

Training Youth for Youth Services

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MH-13099 1972–1974

The Workers' Resource Project (WORP) has been developed by Special Approaches in Juvenile Assistance (SAJA) to provide a broad exchange of information and training for paraprofessional youth workers. SAJA has been in operation since 1968; the training program was begun in July 1972. As of April 31, 1973, 11 people from other projects and 29 people from SAJA have been trained by the resource project. Participants are experienced workers, though without previous formal training, and are recruited from youth service projects which provide alternatives to the professional mental health services existing in the United States. After a month with WORP, trainees return to their own project. New skills and perspectives are brought back to the home community to redefine goals and strengthen services.

The primary facility for training is SAJA itself, which is comprised of 9 collective work groups which run 12 service projects. WORP uses every project as a resource and training site. The participating groups are Runaway House; Other House, a temporary shelter and counseling center; the SAJA Youth Advocates team; Second and Third House, group foster homes; New Education Project, a free high school; Job Co-op; the Free School Clearinghouse; the Osh Gosh Choo Choo Day Care centers; the Streetworkers summer program; the Strongforce Community development program; and the national office fundraising and public relations group.

Outside agencies have also cooperated, providing resources, consultants and time. United Methodist Voluntary Services, Jewish Social Service Agency, Washington's Community Mental Health Adolescent Clinic, Federal City College, National Drug Abuse Training Center at Marjorie Webster College, and Preterm Clinic have formally assisted the program, as have individuals from the D.C. Department of Recreation, the Youth Development and Delinquency Prevention Administration, and the Office of Youth and Student Affairs in the Department of Health, Education, and Welfare, and the U.S. Public Health Service.

The training experience itself has four components. The core is the working/living involvement with a SAJA project for 2 weeks to a month. Trainees are assigned to a project like their own, or one which can offer other skills they seek. In addition, day or half-day orientations with other projects and community groups are provided for an overview. Seminars and workshops with resource people in SAJA or the community are arranged to meet special needs of the trainees.

Regular evaluation sessions with the WORP staff are reflective experiences to pull together these diverse experiences. Individual problemsolving, scheduling, and plans for the time in Washington and the return home are the subject of these sessions. Training manuals are being written by SAJA staff to supplement personal transmission of information to the traineees. Selected manuals are being adapted into general organizing pamphlets, or "cookbooks" for creating different types of youth service projects.

The organizing manuals will be available nationally as part of the information clearinghouse which builds a network to support and extend the training in Washington. Small conferences for evaluation and to produce working papers on special topics will also build the network between alternative projects. A national newsletter will be the vehicle for publication and distribution of information.

The target group for WORP is the paraprofessional service projects which offer alternatives for young people to the established mental health agencies. Often, these projects serve clients who are otherwise unapproached, and do so with special effectiveness and small cost. WORP is developing a training and information system to strengthen and improve these valuable alternative youth service agencies. In turn, this model of paraprofessional training and utilization of resources will benefit other mental health agencies in the improvement of their programs.

WORP has been in operation for only 10 months and the impact of the program on individual trainees, and on institutions and systems is not yet evident. Until more workers have been trained and return to their projects the impact cannot be determined. Recruitment of trainees has been slow, since it is contingent on the establishment of nation-wide contacts and communication through visits, conferences, and material from the information clearinghouse.

Thirty-four projects have been personally contacted by SAJA staff. During these visits, potential trainees were interviewed, and consultation about project design, problem-solving and training was provided. Three SAJA staff members have spent from 2 weeks to a month in site training at other projects, and more extensive consultation of this kind is planned.

Experimentally, for 6 months, the Clearinghouse supported a national newsletter, *The Exchange* in Minneapolis, as a vehicle of information dissemination. Separately, a collection of trip reports, evaluation and feedback from trainees, and descriptive writing from the SAJA newsletter is being published and distributed. Seven organizing and training manuals are now being written.

A conference on city coalitions and urban organizations was organized in March 1973 with a report forthcoming. Other conferences on vocational counseling and youth employment, education clearinghouses, and residential treatment centers are planned. Project workers have also attended other conferences to familiarize others with the training program. SAJA and the resource project have been represented at 13 conferences in the past 10 months.

The Workers' Resource Project will continue with NIMH funding until July, 1974. SAJA will support the Washington training program after that date, but no specific plans have been made to fund the national components of the program, such as the Clearinghouse, or the training of non-SAJA workers.

A Peer Counseling Program in the Secondary Schools

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MH–13032 1972–1975

The Peer Counseling Program (PCP) was devised and implemented in 1970 in the Palo Alto School District to fill an important mental health need. The program provides specialized training for students in interpersonal communication and counseling skills, assisting them in understanding themselves as well as others and enabling them to cope with problems that confront adolescents. The long-range objective of the program is to develop a self-sustaining peer counseling program which can function effectively within a school system with a minimum necessity for involvement of mental health professionals. To this end, and along with the training program for students, a training course for teachers and counselors has been created. Whereas the pilot program of the first year made use of trained professionals to supervise the training of students, for the past 2 years adults from within the school district have been trained and function as group leaders for both the student training sessions and ongoing supervision for students on assignment (Practicum Groups).

There have been three aims guiding efforts to recruit and train teachers and counselors for the role of trainers and supervisors in the training of students as peer counselors. First, in order to achieve the objective of a self-sustaining program within the school, a cadre of persons must be developed who have the motivation and skills to recruit, train, and supervise the students as peer counselors. Second, it is highly important to have a nucleus of individuals within each school who, although they may not have the personal qualities or time to be involved as trainers themselves, are intimately acquainted with the procedures and philosophy of the program. Such individuals serve to integrate the program more firmly into the schools by acting as advocates to parents, teachers and students. They can also make appropriate referrals of suitable student clients, and at times are valuable resource persons for helping the peer counselor in the execution of his role. Finally, the training is valuable *per se* as inservice training and aiding in the personal development of the teacher or counselor. Just as in the training of the students, there is for teachers and counselors enhancement of interpersonal and communication skills. In addition, the adults are given a section on adolescent psychology. It is felt that the training, even if used in no other way, makes them more effective as teachers and counselors of young people.

There is no effort to pre-select the candidates for the course. On the contrary, one of the goals is to learn more about the attributes of adults who are successful in reaching young people. The first group of adults was trained in February of 1972; 32 Palo Alto School District personnel, including administrators, counselors, teachers, and psychologists completed the course. A second group of adults began their training in November of 1972. This course was videotaped. The videotape will be used extensively in refinement of the curriculum and will also be used as a teaching tool. Fifty-two completed this course; over half of these individuals came from outside of the Palo Alto School District with the aim of instituting a peer counseling program in their own schools. The supervisor-training program is a 10-week course. The curriculum consists of four parts. The trainees are presented with the curriculum used in training the students. They participate in most of the same experiences and exercises that they will ultimately be supervising. There is also a didactic portion which includes current knowledge of adolescent psychology and current information on relevant areas of adolescent concern such as drug abuse. There is a section on the over-all structure of the program, and possibilities for integrating it into the subsystem of each school are explored. Finally, the concluding section of the program is the assignment of the trainees as coleaders in the training groups of students. There are weekly supervisory sessions in which their experiences as coleaders are analyzed.

It is felt that in the adoption of the peer counseling program in other schools, the entry point will be the training of teachers and counselors. If schools are to utilize this program with the intervention of substantial numbers of trained mental health professionals, they must supply the appropriate personnel out of their own ranks.

The major structure of the training program for students is the small group organization, with a supervisor assigned to each group. The groups have 8 to 10 members and meet once a week for 1½ hours. Three content areas formed the structure of the curriculum in a sequence of 4 weeks, 4 weeks, and 2 weeks. These areas are (1) understanding people (communication and interpersonal skills); (2) relevant topics in peer counseling (adolescent concerns); (3) the peer counseling role (techniques and ethics of counseling). The training is carried out through game simulations, role plays, interpersonal exercises and group discussion.

For many students there is a great value in the personal growth attained and this is considered by staff to be a valuable outcome in its own right. However, a substantial number of the students have been eager to have assignments and have capably served in a variety of roles. Peer counselors have taken assignments at the elementary, junior and senior high schools.

In summary, 150 students have had peer counseling assignments. In 1972, 69 peer counselors served in 13 specific assignment areas. In the current year (1973) 81 peer counselors have been given assignments in 15 categories. The two new areas are assignments with psychotic and more severely retarded children.

The effectiveness of the peer counseling intervention has been chiefly judged by teacher report of progress in the referred student. These responses have all been favorable. Staff also have undertaken parent interviews to get responses of the child's parent. Perhaps the most impressive evaluation of the effectiveness of the peer counseling intervention has been the steady increase in numbers of requests for peer counselors and the sense of confidence in the program expressed by the teachers who have made referrals.

For future assignments, new directions for increasing the range of assignments continued to appear. Project staff have been asked to explore the possibility of giving the peer counseling training to fifth and sixth grade students so that they can work within their own schools. A drug counseling training program has also been started and students will be used as drug counselors. Peer counselors will also be trained to work with students in affiliative and recreational activities so that rehabilitation can occur and the drug involved youth can learn a different lifestyle in which they have gratifications in a nondrug context.

Still in the preliminary stages is the establishment of a peer counseling program in collaboration with the youth advocates of the West Side Community Center in San Francisco. A goal is to reach the black young people who live in that area but are scattered in schools throughout all of San Francisco because of busing.

It is felt that the feasibility, viability and effectiveness of a peer counseling program have been demonstrated. A total of 452 students have been trained as peer counselors in this program.

There has been great interest in the program. Other school districts and community health agencies throughout the country have been eager to hear about project activities and to obtain copies of materials.

The curricula and teaching materials are in the process of refinement for dissemination. The videotapes of the student and adult training groups are also being edited for teaching use.

The peer counseling program has been successfully adopted in a school in a nearby school district using project format and techniques. Twenty of their school personnel completed the adult training course. The school has a mixed Caucasian-Chicano population and was seeking help in resolving inter-group student tensions. The success of this project has been gratifying.

A journal article has been published: Hamburg, B., and Varenhorst, B., A Peer Counseling Project in the Secondary Schools: A Community Mental Health Project for Youth., *J. of Orthopsychiatry*, July 1972. This article has been reprinted twice.

Presentations describing the program have been given at the meetings of the American Personnel Guidance Association (February 1973) and the American Psychiatric Association (May 1973).

Developing College Community Mental Health Directors

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MH–12451 1970–1974

This program provides a 1-year Fellowship to prepare mental health professionals for comprehensive campus community mental health program development. Since the beginning of the program in December 1970, four people have participated for 7 months, five have completed the 12-month program and four others will have completed by June 1973.

The interdisciplinary goals of this program have been well met in that among the 13 Fellows who have participated, the professions of nursing, social work, counselor education, counseling psychology, clinical psychology, and psychiatry have been represented. Professional experience has ranged from 0 to 25 years. There have been seven female and six male, two black and 11 white Fellows in the program.

Among University of Florida facilities significantly cooperating in the training have been the Division of Housing, the Offices of Student Affairs, Interinstitutional Relations and University Planning, the Departments of Clinical Psychology, Counselor Education, Psychology and Psychiatry, the Institute of Higher Education, the University Counseling Center, the Reading and Study Skills Center, and Student Government. In addition, off-campus agencies such as the Suicide and Crisis Intervention Center, the Corner Drug Store, the Community Colleges and Community Mental Health Centers in both Alachua and Volusia Counties have all contributed significantly to the training program and many other agencies and offices have made contributions.

The employing institutions include the Medical Center at Howard University; the Health Services at Colorado State University, and the University of South Carolina, counseling centers at the University of Southern Mississippi, University of North Carolina at Charlotte, Georgia State University, Henry Ford Community College and the University of Miami; the Office of Student Affairs at the University of Maryland; the Psychology Department at the Indiana University of Pennsylvania; the Community Mental Health Center at Palm Beach, Florida; and the Florida Division of Community Colleges, Office of Student Personnel Services.

The program is designed to capitalize on the uniqueness of the background, training, and the professional and position commitments of each Fellow and of the particular needs of their employing institutions. Because a training goal is to develop administrative or executive skills as well as a community mental health philosophy, emphasis on individual initiative is maintained. That is to say, a rich learning environment is provided made up of an active interdisciplinary mental health staff in a university which offers a wide variety of programs, agencies and resources having mental health implications with which Fellows may collaborate. A carefully selected library of books, journals, papers, etc. is provided as well as outlines of basic concepts and aspects of mental health evaluation, planning, priority setting, implementation and followup, administration, support systems, and change strategies. Learning units are under development which are available to Fellows and the consulting staff in planning learning sequences.

Regular and special seminars provide ample opportunities for crossfertilization of ideas, sharing experiences, helpful concepts, data, etc. A major task of the Fellowship program is the development, toward the end of the year, of a program of action to be carried with the Fellow into his post-Fellowship employment as a guide to his program development there.

The campus mental health agent model which is pursued in the training program has helped prepare trainees for the wide variety of employment opportunities indicated above.

There is a great deal of interest in and commitment to the comprehensive community mental health model, both off and on campus, but perhaps only one or two other settings which provide specific training in campus community program development. It is to this special need that this program is directed.

Local impact on the training institution is easiest to observe and assess. Substantially strengthened leadership, consultation and training programs developed in conjunction with housing; contributions to the Office of Minority Students, the Institute of Black Culture, orientation and interinstitutional relations are the clearest examples.

Regional and national impact and dissemination have been accomplished largely through the following: (a) The conduct of two workshops, "The Mental Health Professional as Change-Agent in the Campus Community" and "Training Students for Peer Counseling and Leadership Roles on Campus," involving about 40 participants each; (b) the work of former trainees in responsible positions in a variety of campus, community and State level positions in which they are involved in training and supervising others, initiating similar program components and where some have significantly shifted their professional functions from primarily counseling or therapy to greater consultation, training and program development; (c) the presentation of papers about the program at meetings of the American College Health Association, the American Psychological Association, the Southeastern Psychological Association, and the American Personnel and Guidance Association; (d) Glasscote and associates' book, *Mental Health on the Campus*, which gives the program's setting, philosophy and local impact national visibility; (e) consultation visits to 7 campuses and visits by two postdoctoral Fellows from the University of North Carolina Community Mental Administrator Program.

The University of Maryland created a new Mental Health Consultant position in their Office of Student Affairs, in order to recruit a Fellow from this program.

Training materials which have been developed have not yet been made available for more general distribution, but a resource manual is under development.

Negotiations are under way with both university and State mental health administrative officials to help support continuation of this training program, perhaps as part of the State manpower development efforts. No commitments have yet been made.

Improving Mental Health Services on Western Campuses

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MH-12419 1970–1976

The goal of this project is the improvement of organization and delivery of mental health services on campuses in the Western United States. The program involves:

1. the identification of a constituency consisting of campus mental health directors; top level university administrators; representatives of funding sources, particularly State legislators, and members of boards of regents; recipients of services, including students, faculty, staff, and dependents;
2. the creation of task forces to deal substantively with major aspects of campus mental health service programs;
3. the creation of a newsletter;
4. the development of inservice training curricula for personnel currently employed in campus community mental-health related programs which will include the findings and recommendations of the various task forces;
5. encouragement of curriculum expansion in mental health professional training programs to include education and training in the provision of mental health services in campus communities;
6. The identification of a small number of campuses where demonstration programs might be developed, designed to test the feasibility of the recommendations of the task forces.

The specific details of the project objectives are based on an analysis of a survey of western campus mental health programs conducted in early 1969.

Substantive areas to be dealt with by the task forces will include: (1) mental health services (in various specific problem areas) and the changing university community; (2) inservice education and training and mental health manpower; (3) mental health consultation on the campus; (4) epidemiology and program evaluation; (5) preventive intervention; (6) mental health services on the urban campus; (7) organization of mental health services on the rural campus.

Four of the seven task forces have completed their work, and as a result, four task force reports are available. These reports have received a wide distribution and are now being used as training documents in mental health training programs and as inservice training material in existing campus mental health centers.

The report, *Quality of Educational Life, Priorities for Today*, speaks to the issues and needs involved in fostering more humane educational environments and details the implications this holds for changing mental health delivery systems on campus. *New Designs: Prevent Educational Casualties, Promote Educational Growth* reports on the needed changes in educational designs and points out the need for campus mental health delivery systems to become more open and involved with community programming through community participation. The third report, *Consultation: A Process for Continuous Institutional Renewal*, discusses consultation as a process of assessment, defining, implementing, and evaluating campus communities. *The Ecosystem Model: Designing Campus Environments*, presents a new model for campus mental health services that places a strong emphasis upon changing environments to meet the mental health needs of students.

The Manpower and Training Task Force is in the process of publishing its report which will speak to the types of skills and knowledge areas needed in mental health training programs in order that new models may be implemented on campus communities. Two demonstration/research projects were developed by the Rural Task Force to show the efficacy of the ideas developed by the earlier task forces in regard to the transactions between campus environments and student mental health needs.

The special seminars have also been completed. The seminar on Management/Accountability Systems: Implications for Campus Mental Health Services, led to a publication, *Program Budgeting and Classification System: An Example of Their Use for Counseling Centers.* A second seminar was held on the topic of New Directions in Training Counseling Psychologists: A Conference to Stimulate Change. This conference stimulated the production of a special issue of *Personnel and Guidance* to cover new programming areas and function for campus guidance personnel.

Two large regional training conferences were held. In one for counseling personnel of western campuses, training was provided in the areas of consultation, organizational development, use of paraprofessionals, and the use of the ecosystem design process. A second training conference was designed to acquaint community and junior college personnel with program concepts of human development instruction.

The project's national monthly newsletter, *Campus Community Mental Health Services,* serves the purpose of keeping constituency members informed, and tries to stimulate the establishment of a new program and perspectives. A recent evaluation survey of the newsletter indicated that 52 percent *frequently* found new ideas in the newsletter and an additional 38 percent said they *occasionally* discovered new ideas. Seventy-one percent of the respondents reported that the ideas they gained through the newsletter had led to program revision or change, and 59 percent reported the newsletter ideas had occasionally been instrumental in the initiation of new campus programs.

From the newsletter evaluation and from communication from its constituency, it appears the project has had a significant impact on the organization and delivery of mental health services on campuses in the West and across the entire country.

Originally awarded for 3 years, the project was extended. A next step will be to seek new training strategies and to actually train site personnel in new modes of mental health work on college campus.

In essence, the previous work has been distilled into a primary orientation: hitherto work and training of campus mental health personnel have been predicated on notions of individual counselling, adjustment of the student to the college environment, focus on remediation rather than prevention, etc. What has been lacking is an extended conception of the college world as a community of mutual interests and an ecology of influences. While no one method or orientation is exclusively adequate for any campus, all are in need of a more systematic view of the context in which good mental functioning is best achieved. This necessarily involves a re-focus of mental health training toward problems of the wider community of the campus and that in which the campus is contained. A survey of 161 western campuses conducted in the previous project clearly indicates the lack of such an orientation to mental health services.

Thematic workshops (Mapping, Design, Evaluation, Training) will be conducted on each of three types of campuses: rural, urban, and community, resulting in a total of 12 "application sites" where every effort will be made on seven of these to follow through with discoveries made to actual changes in the organization of mental health services on the campus and the generation of new (and appropriate to the context) training techniques.

11

EDUCATIONAL ADMINISTRATORS

Administrators for Re-Education Programs

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MH–10561 1966–1969

This pilot project was initiated to explore one pattern of training for educational leadership in residential schools and other related programs modeled after the Project Re-ED demonstration schools. The demand for administrative and supervisory personnel for educational programs for disturbed children is increasingly critical, particularly for States or communities who wish to adopt the Re-ED model for new services. In beginning a new program it is essential to have a core staff of two or three persons who have extensive and intensive experience in an existing Re-ED program to plan the new facility, select the rest of the staff, and provide inservice training and supervision for them. Where this practice has been followed, the new program has without exception been successful. Without the continuity provided by this core of experienced staff, the translations have been more problematical.

The purpose of the pilot project was to recruit potential leaders from two sources: (1) experienced special educators who wished to move into administrative roles, and (2) experienced elementary school administrators who wished to move into roles in residential schools for disturbed children. In either case, the applicant was required to have a master's degree in his field and was expected to work toward a specialist in education degree, with emphasis in school administration and special education, during his year of study. The concentration of course work for the school administrators focused on the development of competence in program planning for children with behavior disorders and learning disabilities while the special educators' course work emphasized organization and supervision of educational programs. Both groups had common field experiences, working with principals and supervisors in Re-ED schools, in public school special class programs and in educational programs sponsored by mental health facilities.

During the 2 years the pilot project was in operation, 12 students were graduated from the program, 10 receiving stipends from the NIMH grant and two supported by stipends from State departments of mental health who had contracted for their services upon graduation. Ten of the trainees were men, two were women; nine came from backgrounds in special education, two came from psychology and one from educational administration. Occupational placement upon completion of the training program reflected the general objectives of the project: Six went into administrative or supervisory roles in residential schools, three are supervising educational programs in comprehensive community mental health centers, one is in public school special education and two remained in graduate school to work toward a doctorate in special education.

During the year of study each trainee completed one major investigation into a topic related to administration of educational programs for disturbed children. The investigations often had practical, as well as academic, utility. For example, a study of followup services revealed shortcomings that have since been remedied and a parent education program stimulated the development of such programs as a regular part of the operation of Re-ED schools.

The impact on programs into which the

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graduates moved has been considerable although it is difficult to evaluate in isolation since the development of a new program is always accompanied by a heavy investment of consultation by other staff from the Re-ED schools. Re-ED programs in Connecticut, Kentucky, South Carolina, Mississippi, and Colorado as well as the original Tennessee and North Carolina programs have all been influenced to some extent by the pilot project.

The evaluation of the experimental training program after 2 years must be a mixed one: The training experience seems to have been beneficial to young educators in making the transition to roles involving administrative and supervisory responsibility. However, the urgency of the need to fill such roles makes recruitment into a 1-year academic program extremely difficult. Given the choice between a leisurely year of study to prepare for an administrative role, but at substantial loss in income for that year, and the movement directly into a position as curriculum supervisor or principal with an increase in income, the professional with a family generally chooses the job rather than training. The typical career sequence of a Re-ED administrator is elementary school teaching, a master's degree in special education, 2 or 3 years' experience as a teacher with disturbed children followed by an opportunity to take an administrative post and learn on the job. As a case in point, all four of the principals of Re-ED schools in Tennessee have followed that pattern.

For this reason a new strategy has been adopted following completion of the pilot training project that does not require a potential administrator to take off a full year for study. The Tennessee Re-ED program has developed a research, training and dissemination institute, supported by funds from the State Department of Mental Health and from a Continuing Education grant (MH-12164), that emphasizes training for leadership roles in Re-ED programs. The opportunities for training are much more flexible, ranging from brief workshops with followup consultation to a full year of study in residence for those who have the time and the need for it. While the new arrangement allows more varied responses, independent of the academic year cycle and encompassing roles other than administration and supervision, much of the didactic content and practicum experience reflects what was learned during the 2 years of the pilot training project.

Two related publications are:

Lewis, W. W., Ecological Planning for Disturbed Children. *Childhood Education*, 46: 306–310, 1970.

Lewis, W. W., Project Re-ED: The Program and a Preliminary Evaluation, in Rickard, H.C. (ed.) *Behavioral Interventions in Human Problems.* New York: Pergamon Press, 1971.

Educational Administration in Multicultural Settings

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MH-8479 1964–1967

The multiculture of New Mexico, and Halpin's work on organizational climate stimulated the Department of Educational Administration of the University of New Mexico to begin a program for training administrators in multicultural settings in 1964. Organizational climate created by the school administrator was assumed to affect the mental health of students and was seen as being particularly important in the recognition of individuals in a multicultural community. The program was designed to prepare administrators to change educational organizations toward accommodating diverse cultural goals in the community. A team of professors from the social sciences was involved in planning, executing, and evaluating the program. Training relationships were established with the State Mental

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Health Division, neighborhood organizations, State legislative and finance agencies. The administrators trained could use the multicultural conceptual background in most communities in the Nation to good advantage.

The training program emphasized the application of the social sciences to administration, with concentration on the concepts of community organization and structure, the nature of culture, cultural variability, phenomena of change in society and institutions, conflict, power dynamics, social structure and function, family structure, the nature and dynamics of organizations and program construction. Internships in communities and in State organizations were a major part of the plan. In the first semester, fellows were trained in community observation techniques. They were sent into communities the next semester for the purpose of analyzing social and power structures. The trainees in the third semester played observer and actor roles in State government and lobbying organizations in the State capital. They reported and evaluated their experiences during the fourth semester. During the first summer, most of the trainees planned and worked on a project relating to community or regional activity.

The following were the conceptual and organizational bases of the program:

a. analysis of the school as a social system not in isolation but as a social system in interaction with the community and larger social and political units;
b. recognition of the school-community as a system interacting with a complex of cultures, and that the school and community must change together. This concept replaced the model of the school as an Anglo middle-class fortress attracting the "best minds" to it and casting off the rest;
c. the necessity for administrator trainees to obtain "gut feeling" as well as cognitive approaches to community structure and goals. This required "living in" the community;
d. a willingness to assess the process of administrator training and change it rather than clinging to a model intuited as ideal;
e. a hope that this conceptual roadmap for training administrators would not only be the one in use after 3 years for training all administrators, but would spread to the rest of the College of Education for possible use in counselor and teacher training. This began to occur with the coming of a new education dean in 1968.

Three other projects in the State (the Home Improvement Project, a regional center for psychological services and educational innovation, and the Indian Community Action Project) were directly traceable to the efforts of the NIMH trainees and staff.

Three publications and one unpublished paper were written on the program. A total of 17 trainees went through the program and hold prominent leadership positions in higher education, school districts, and State government.

A Training Program for School Administrators

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***MH-8472 1964-1969

During the period 1964-1969, the Midwest Administration Center, University of Chicago, conducted a training program for educational administrators. This program was based on the behavioral sciences and had as a major objective the training of administrators who would be sensitive to the mental health of students and teachers under their jurisdiction. Faculty from the entire University contributed to this program.

One of the central aspects of the program was a case analysis seminar. In this seminar, students applied the knowledge obtained in their studies of the behavioral and social sciences to the examination of problems in educational administration. Some cases now in the literature were examined. In addition, new case studies were produced.

Following 2 years on campus, students were placed in residency in an educational organization. During this year of residency, they performed high level administrative tasks and worked toward the completion of a dissertation. Also, during the residency year, students returned at regular intervals for seminars on campus. These seminars were problem-oriented. They provided an opportunity for students and professors to apply concepts and analytical tools from the behavioral sciences to actual critical situations which the students had faced in their organizations.

The main outcome of this experimental program was the opportunity which it provided to test a training model. This model, as noted above, was based on a behavioral science approach to educational administration. The model also incorporated several procedures for using feedback to improve the ongoing training program. The result of the implementation and testing of these procedures has been a modification and improvement of present training programs at the University of Chicago. The knowledge gained in this program has been disseminated in informal ways to other institutions. The program resulted in the training of 18 administrators and their placement in significant leadership positions.

12

ADMINISTRATIVE, CONSULTATIVE, AND LEADERSHIP PERSONNEL

Training in Mental Health and Human System Design and Administration

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**MH–13492 1973–1977

This doctoral program will train administrators with special expertise in mental health program design, management, development, and evaluation. Methodologically, the training will be carried out as a series of performance contracts which are individually designed in terms of the needs and goals of the student. Extensive use will be made of identified field experiences and role models in existing mental health programs. The University of Massachusetts and the New York and Massachusetts Departments of Mental Hygiene will collaborate.

The students will be persons with advanced professional backgrounds either in administration or mental health; the program will complement existing skills with the obverse. Thus, for the student whose preadmission professional background is in management, the doctoral program will emphasize behavioral science, treatment programming, personality and social systems theory and methods of intervention. Students with strong educational histories and work experiences in the clinical field will have tailored doctoral programs which emphasize such matters as organization theory, models of management, fiscal and personnel systems, human service economics, and program-planning-budgeting-evaluation-systems.

A projected total of 50 students will be graduated from the program. Of this number, 35 students will be advanced professionals from all of the mental health disciplines with several years' experience. Fifteen others will be selected from the graduate student body of the University who have demonstrated interest and potential in mental health administration. Particular emphasis will be placed upon recruiting women and minority group students.

The program, which encompasses four semesters and one summer session, is based upon the following procedures:

1. Each student plans his own doctoral program with the advice of and subject to the approval of a three-man guidance committee.

2. Each student compiles as a supplement to his transcript a portfolio record of the educational experiences which constitute his doctoral program. The portfolio serves as a means for his committee to review his program and as an aid for self-evaluation and self-direction.

3. Each student is expected to: (a) spend at least two consecutive semesters under the supervision of his committee; (b) participate in conceptual or quantitative educational research efforts, culminating in a research or project thesis; (c) engage in teaching or some form of field experience; (d) become familiar with conceptual problems in education and educational racism; and (e) take a comprehensive examination prior to writing a dissertation.

Each semester a student elects to focus upon one of the following core areas:

(1) mental health; (2) education; (3) applied behavioral science; (4) organizational development; or (5) social systems administration and design. Through instruction and field experience the student will explore each

area in terms of its implications for individual, group, organizational, or social systems levels of intervention. At the end of four semesters, students will have had integrated experience and training in each core area and intensive experience in at least one level of intervention.

A wide variety of conceptual, attitudinal and skill developing opportunities will be available through course offerings, assignments to a team, administrative office or professional assignments in a field or other learning situation, and individual and committee interaction.

Training in Mental Health Aspects of Social Planning

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**MH-13484 1973–1978

This graduate program addresses the processes and problems of planning, developing, administering, and evaluating a wide range of community services in a coordinated manner. Entitled Community Systems Planning and Development (CSPD), it is a coordinating college-wide effort involving faculty members in several academic divisions of the College of Human Development. The grant enables the strengthening of the mental health component of the program and the support of students with particular interest in mental health applications of the approach.

The program is designed to train professional and policy research people who will be able to: (1) identify major operating elements of a community; (2) recognize problems and dysfunctions and express their relative seriousness in terms of economic and social costs; (3) develop with community members ways of coping with such problems and help them put into effect programs that will improve the quality of the community; and (4) evaluate the effectiveness of such actions as guides to further efforts. Both the M.S. and Ph.D. will be offered.

Two unique features of the program will be emphases on how to understand and work within a community as a complex of interrelated systems and interests, and on the skills required to express in quantitative terms the conditions of society over time, i.e., to develop further the technology of social indicators and its associated sociometric tools. The extensive experience of several community service teams within the College assisting community groups in assessing problems and devising human service programs will contribute to the instruction.

Trainees will be full-time students. Some will come from work settings with the purpose of extending their competency on their jobs or of enhancing their prospects for career growth in mental health service fields. Other trainees will enter directly from undergraduate programs. Trainees with job experience will be expected to serve in tutorial roles for those lacking on-the-job experience.

The model adopted for this program is based on the assumption that people who will give leadership to the development of interrelated community service systems should be prepared within a common frame. They must share some common conceptual and methodological tools and have some experience in seeing their own special competencies and interests in relationship with the other components of the community.

The interdisciplinary nature of the program is further underscored by the plan to ensure that each student will have three sets of competencies, the first two of them in common with all other students: (a) Each student will have a solid grounding in a set of common skills of analysis, synthesis and planning that will be useful in any field of social policy planning and research, and will support his career development over time and into areas of responsibility other than his initial one. This will consist of research design; social measurement methods; statistical techniques; computer science and technology; human relations skills; methods for analyzing political, economic and social structure; planning and forecasting methods and professional ethics. (b) He will have an understanding of how the human services comprising his own field relate to and interact with those in other fields of the program. (c) He will be well prepared to apply his skill in his special area of major interest.

The program is organized around three areas of knowledge and skill:

a. Community structure and social systems;
b. Interorganizational relations; and
c. Social forecasting, planning, and intervention.

The program provides for an alternation of seminar and field practicum learning experiences that will develop a special mental health administration competence of the student's choice, a strong research and planning capability, and a good grounding in related human service fields.

Graduate Training in Mental Health Administration

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**MH-133[illegible] 1973–1978

This is a five-year experimental training program in mental health administration to be conducted jointly by the Program in Hospital and Health Care Administration and the Department of Psychiatry. It has as its primary goal the exploration of subject matter and methodology appropriate for the training in this field.

Twelve students will be selected each year from a variety of educational and cultural backgrounds. The first year of training will be spent on the campus of the University of Minnesota and in mental health organizations in the seven-county Twin City area studying community, political, economic and other external systems; modern management practices, including budgeting, cost effectiveness, personnel, legal aspects, etc.; health organizations; planning; and mental health subjects and issues. The second year will be spent in an administrative residency in a mental health organization under the supervision of an experienced administrator who serves as a clinical preceptor. Academic and experiential learning will be closely linked by an overlay of participation and examination of the group and organizational process. Learning methods will include lectures, seminars, discussion and application groups, participation in organizational problemsolving, supervised practicums, role playing, field visits, etc.

Through an organized and continuous feed-in process and by maintaining a posture of flexibility and responsiveness, the project will pursue its mission of evolving a training program which will prepare future mental health administrators. The evaluation process begins with course evaluation from students during the first year, continues and is broadened in the second year to include preceptors in an examination of the course work and its relevance to the actual delivery system and carries on over the 5-year period with graduates as they assume posts of leadership in the field.

Trainees will be selected to form a student body of diverse educational and cultural dimensions. Minimal requirements consist of successful completion of undergraduate work, qualities of leadership and willingness to participate in the requirements necessitated because of the experimental aspects which continue after graduation.

Preceptors will be asked to assist with recruitment of applicants. National and other appropriate broadbased organizations such as the National Association of Health Services Executives and the National Chicano Health Organization will assist in recruitment of minority students. It is expected that students with a wide range of educational and experience backgrounds can be recruited and that at least half of each year's entering class will be recruited from experienced professionals—social workers, psychologists, nurses, and psychiatrists. As new mental health worker programs at the BA level are offered, a significant step in the career ladder will become possible with a linkage to the proposed program.

Training in Community Mental Health Administration

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MH-12359 1971-1974

This is a 1-year graduate program to train community mental health service administrators. Completion of the program leads to the award of a certificate. Since its inception in September 1971, a total of 40 people have been involved in the program on either a full- or part-time basis. Some have finished, others have dropped out, leaving approximately 20 trainees still on the rolls.

The program is aimed at mental health professionals in the later stages of training by virtue of academic and/or career experience. Examples of some of the types of professionals who would be included as potential trainees would be social workers, psychologists, physicians, counsellors, and clergy. The program consists of a clinical experience, a 10-month half-time administrative field placement, completion of 15 credits of graduate course work, completion of a number of field trips, monthly faculty/trainee seminars, and a project report.

Numerous facilities are actively cooperating as field placement sites for the training program. These include: Buffalo General Hospital Community Mental Health Center, Buffalo Area Council on Alcoholism, E. J. Meyer Memorial Hospital Departments of Alcoholism and Psychiatry, State University of New York at Buffalo Office for Drug Abuse Services, Buffalo State Hospital, Children's Psychiatric Center at West Seneca, and Lackawanna Community Health Center.

Experience so far has shown that trainees without previous employment in mental health services who have completed or are nearing completion of the program have obtained employment in positions of significant responsibility in mental health programs. A number of those individuals who entered the program while employed have since been promoted to positions of additional administrative responsibilities.

The program has not been operational long enough to be able to measure or project with any real precision its impact on mental health administration, particularly on a national level. However, experiences to date reveal influences on several dimensions which staff feels are strongly suggestive of continuing and widening impact. For example, two programs have benefited directly from the project's experiences. The Department of Psychiatry, School of Medicine, State University of New York at Buffalo is currently making plans to offer a master's degree in community mental health. Their ability and incentive to do this is based in large measure on experience gained from the Community Mental Health Service Administration Training Program. The Master's Program in Epidemiology offered in the Department of Social and Preventive Medicine, State University of New York at Buffalo has been significantly modified as a result of its association with the training program. It now offers a track in Community Mental Health Administration utilizing courses designed for this project.

Although the graduates of the program are few, several current and former trainees now hold responsible positions in a wide range of community activities. These include: assistant director of a county community mental health center; deputy director of a community mental health center; director of mental health and rehabilitation services at a State hospital; codirector of a community-based aftercare program; base unit director of a hospital community mental health and mental retardation program; assistant to the director of a general hospital-based community mental health center; director of administration of a county community mental health center; director of clinics of a department of alcoholism at a hospital; and director of a county department of mental health crisis intervention outreach program.

Information about the program has been disseminated in several ways. The Director of Training has personally discussed the program with approximately 20 agencies both locally and nation-wide. During a clergy survey, conducted during 1971, which queried mental health agencies nation-wide regarding the potential professional positions available for clergy or former clergy, a brochure was included describing the training program. Recently, a formal comprehensive catalog has been completed which describes the community mental health service administration training program. To date, approximately 300 have been distributed to professionals and agencies.

The program has been recognized by the Committee on Certification of Mental Health Administration of the American Psychiatric Association as meeting the requirements for academic training for psychiatrists. As of this writing, directors of five major New York State agencies have sent formal letters of endorsement concerning the program.

It has recently been learned that the State University of New York at Buffalo is committed to supporting the training program on a continuing basis. This commitment is in the form of a promise for three faculty fulltime equivalents beginning in July 1974, the month following the expiration of the current grant period. This project cannot continue at its present level or in its present form without additional support which, at this point, is not known to be available. However, the involvement of agency personnel in teaching, supervision, and program development has increased the interest and involvement of area service deliverers in administrative training. Agency directors have been enthusiastic in their participation in supervision of field work and have expressed high regard for the caliber of trainees; other agency directors have shown consistent willingness to release employed trainees from regular duties to participate in course work and other program activities. Because of the endorsement of State agency directors, the likelihood of involvement at several levels has been suggested.

All elements of the program are routinely and systematically evaluated by both trainees and faculty. Training objectives and goals are currently being operationalized to provide for a full-scale performance audit by a third-party evaluator. The ultimate pragmatic evaluational criterion will be the actual job experience of trainees certified through the program.

The Mental Health Urban Generalist

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MH-12155 1970-1974

The major objective of this project is to offer an interdisciplinary master's degree program aimed at equipping the mental health worker and other human service workers with the skills required to deal effectively with urban social problems. Such skills and competencies include specialization in mental health program planning, program administration, program operations, research and evaluation. The program began the second semester of the 1969-70 academic year with eight students enrolled on a fulltime basis and an additional six students from other schools and departments. Currently the program has an enrollment of 73 students, with 30 receiving stipends from this NIMH grant. The majority of the students have had prior work experience in programs concerned with urban social problems.

The program was initiated by the Center for Community Studies and immediately received the endorsement and cooperation of the central administration of the university, the graduate school and several other schools and departments within the university. In September of 1972, the Center for Community Studies was expanded into the Institute for Urban Affairs and Research, which currently administers the program.

Public and private health and welfare agencies and organizations have actively participated in the program. Included among these are: community mental health programs, the Model Cities Program, the public schools of the District of Columbia, the Department of Public Welfare, the Juvenile Court, the Washington Center for Metropolitan Studies, the United Planning Organization, the Mayor's Manpower Administration, the Mayor's Youth Commission, the Washington Urban League, the People's Involvement Corporation and the Model Inner-City Community Organization.

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[1] For current information on the program contact Dr. Lee Brown, Associate Director, Institute for Urban Affairs & Research, Howard University, P.O. Box 191, Washington, D.C. 20001.

During the first year, seminars and classes are held both in formal and informal settings including institutions, agencies, community facilities and homes of faculty members. Since active student participation is desired, lectures are held to a minimum. Auto-instructional techniques are used in an ancillary role. Other innovative training methods include the use of computer games for teaching the relevant variables in planning a comprehensive program and for exercises on simulated urban social problems.

During the second year, students undertake a field placement with an agency concerned with urban social problems. Based on their practicum experience, the student develops and prepares a major paper that satisfies the thesis requirement.

The field experience, the utilization of community persons as faculty guest lecturers and seminar participants, and the recruitment of students from among persons currently employed in related fields all contribute greatly to the closing of the gap between academic training and the demands placed upon the recent professional school graduate. Persons completing this program are equipped with relevant academic and practical knowledge and skills to begin to function immediately as mental health program planners, program administrators, program operation personnel and/or researchers.

The impact of bringing together an interdisciplinary team to focus on urban social problems in the Nation's Capital cannot be overstated. It is anticipated that this program will have an invaluable effect on relevant problems facing the Nation and the local community. This is being accomplished by producing graduates with the educational backgrounds to fill middle management positions in the mental health profession. As of May 1973, 41 students have completed the program and have been placed in positions such as: deputy superintendent of a school district; administrative assistant for the national drug abuse program; assistant director, urban studies program; trainer-facilitator; program analyst; teacher; assistant to division director at a hospital; community organization specialist; assistant to city manager; social worker; consultant; coordinator for community relations.

The program has clearly demonstrated its viability by producing students who have the skills required to deal effectively with urban social problems.

Urban studies faculty and students have also been involved in a variety of activities related to both national and local urban problems. For example, the Center for Community Studies hosted the first annual conference of the Council of University Institutes on Urban Affairs, participated in the development of a professional training program in city management which has been adopted by the School of Business and Public Administration, and completed evaluations of the Basic Adult Education Demonstration Program of the public schools of the District of Columbia and the Anacostia Community School Project. A group of students in the Urban Studies Program organized a community action committee which testified before the Nelson Commission Evaluation of the District of Columbia Government. The experience gained in this activity proved so valuable that the committee decided to incorporate as a nonprofit group under the title of Community Action Regarding Educational Services (CARES).

Administration of Community Mental Health Services

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MH-11207 1968–1973

The curriculum in administration of community mental health services is a program of education and training for administrators of community mental health services. This effort, begun in 1968 under a grant from NIMH, was designed to provide a major advance in the administration of mental health services by imparting to key professional groups increased knowledge and critical understanding of objectives as well as of technologies needed to implement community mental health programs. The curriculum is conducted by the Institute for Child Mental Health, located in New York City.

The curriculum, which emphasizes the newer behavioral sciences, was tested and developed through successive years of instruction and application, and is structured into three major sequences:

1. Generic Administrative Theory and Practice
2. Planning and Organizing the Community Mental Health Service
3. Problems of Operation and Integration: In this sequence, the attempt is made to integrate and achieve a fusion of the separate strands of the first two sequences by focusing on operating administrative problems.

With regard to program format, sessions are held on Saturday mornings and Wednesday afternoons.

Sequences 1 and 2 run concurrently for 20 weeks for 40 2-hour meetings. Sequence 3 runs for 10 weeks meeting for 2 hours on Saturday mornings. Instruction begins in October and extends through May of each year.

Individual tutorial sessions are also held before or after the conference sessions with those participants who feel a need for them.

The faculty is composed of individuals representing competence in training and education in nonstructured settings. They are knowledgeable about generic administrative process, with special reference to the community mental health field and represent interdisciplinary and multidisciplinary competencies, e.g., management experience in the community mental health field as well as understanding of the behavioral sciences and of administrative process.

The participants, during the 6 years of the program, consist of 119 persons employed in community-based mental health services.

Workers from various professions, i.e., psychiatrists, psychologists, social workers, social scientists, educators, and public service administrators, were included in the group.

Candidates participated on a part-time basis, remaining in their employment while attending the seminars, workshops and conferences.

A profile of the participants reveals the following information: The average age was 45; there were 47 women and 71 men; 17 were M.D.s, 8 had Ph.D.s, 22 had master's degrees, 43 had the M.S.W., 12 had bachelor's degrees, and 4 were R.N.s; 38 had between 1 and 5 years of experience; the remainder had longer administrative experience.

During the sixth year of the program, a revised format was employed. Participants were graduates of the basic program and they conducted each Saturday morning session. The focus was on Organizational Development and the attempt was to delineate any problems needing solution and methods of instituting planned change.

While funds have not allowed for a systematic before and after controlled study of the impact of the program, questionnaires filled out by the participants attest to a significant degree of program impact. In general, the enthusiasm and morale of the group is extraordinary. Year after year, attendance holds up very well and the reactions and comments of the participants are consistently positive.

In addition to the reactions of the participants, the reactions of the field as a whole, as expressed in requests for additional activities and training programs, also attest to the positive impact of the program. For example, the Community Psychiatry Division of Columbia University asked the Institute to contribute the sequence on generic administrative theory and, in addition, the Institute is conducting specialized programs in administration and management for individual agencies, such as the New York City Department of Mental Health and Mental Retardation Services.

The instructional method which predominates is the lecture-seminar. This is especially true in the first two sequences on general administrative theory and community mental health administration. However, in sequence 3 the attempt is made to synthesize and integrate the materials of the first two sequences by having the participants prepare a series of case studies and in-basket exercises to use as the basis for discussing operational problems. These learning materials are extremely useful as they allow the instructors to focus on real problems and issues confronting the participants in their day-to-day administrative roles.

Individual tutorial sessions also serve a related purpose. Many of the participants use the tutorial sessions to unburden themselves of anxieties which they feel regarding administrative problems or crises which they are facing and which they are unsure about in terms of methods of handling. While at times the coordinator during the sessions can offer little more than reassurance or general support, at other times he, or one of the appropriate instructors, does try to offer suggestions based directly on the theoretical or practical work of the conference sessions.

Review of available information of related programs affirms some of the unique emphases which characterize this curriculum. It acknowledges the common roots of the mental health function, generic administrative principles and practices and the behavioral sciences. This approach has the value of allowing the mental health administrator to see himself in the context of over-all administration, with the consequence of his then having access to solutions and problem-solving techniques developed in other administrative settings which might be applicable to his problems and decisions.

Comprehensive Community Mental Health

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***MH-11018 1967–1970

Cleveland College of Case Western Reserve University developed and evaluated an educational experience for mental health professionals in the Cleveland community. The project ran for 2 years; each year a different multidisciplinary group came together for 30 weekly 3-hour sessions, and for four 2-day workshops spaced at bimonthly intervals. During the 2 years, 94 mental health professionals from a variety of disciplines were trained; they came from 28 mental health or related institutions. The aim was not only to inform the trainees but to produce organizational change within the institutions from which participants were drawn and to encourage interagency collaboration and coordination.

The professionals were recruited from organizations which are typical of the mental health services of urban communities. These included private and publicly funded inpatient and outpatient services on the child and adult levels, social agencies and several institutions reaching large numbers of the disadvantaged. With the agencies themselves as the primary target of change, staff attempted to recruit a "critical mass" of individuals, not only in numbers but in their power to bring about change. In most cases, several professionals from a single organization were involved, particularly those with policymaking, supervisory or training responsibilities.

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[1] For current information on the Program, contact Dr. Cynthia Harris at Cleveland College, Case Western Reserve University.

The curriculum was designed to enable the participants to: (1) broaden their understanding of community mental health and new treatment strategies; (2) change their attitudes and perceptions, both of individuals and of agencies; and (3) acquire new skills as consultants and change agents. Three courses of 10 weeks each were presented: "community mental health"; "new treatment strategies"; and "consultation and organizational change." During the second year of the project, a field work component was added to the curriculum. The participants studied 3 inner-city communities and compiled a report of the implications of their findings for the mental health service system.

In addition to teaching new concepts and practices in community mental health, staff attempted to teach about the process of change. Group exercises and practical experiences were used in all of the courses when appropriate. Four 2-day workshops provided an opportunity to develop indepth understanding of the change process. The workshops were devoted exclusively to a study of the training group as a microcosm of the mental health community.

During the second year, two types of outreach programs were offered which extended further into the mental health professional community. First, a series of four workshops in new treatment strategies was held, three in family therapy and one in crisis intervention. Another series of four 1-day conferences was held, the target group being the top administrators of the participating agencies along with representatives of the community mental health planning vehicles. Attendance at these programs varied between 25 and 55 persons, with a core group of 15 to 25 attending three or more of the conferences. The steering committee that planned these conferences still continues to meet monthly, in expanded format, under the name of the Mental Health Exchange.

The training model was unique both with respect to the goal—to produce organizational change—and with respect to the educational model which was based on the human factors approach to change. The human factors model stresses participation and ownership of the change process, the importance of building a climate of trust and the need for learning how to work together more effectively in planning and implementation. While this model had been widely used in changing large systems such as industrial organizations and schools, it had not heretofore been used as a model in training mental health professionals.

Four types of changes occurred:

1. *Informational and attitudinal changes.* Analysis of data from rating scales and followup interviews shows significant changes in terms of individual attitudes and knowledgeability about community mental health. Group comparisons of before and after measures of attitudes and perceptions in the first and second year groups (of 34 and 58 respectively) showed a broadening of interest and understanding about community mental health concepts and strategies and the appropriate roles of local agencies in their implementation.

2. *Behavioral changes within individuals, minimal impact on systems.* There was no appreciable impact on 15 individuals (16 percent of the training population) from 11 different agencies. There was impact on the behavior of 13 individuals from 6 agencies, but little or no impact on their agencies. These individuals perceive themselves as functioning more effectively in their present roles and as more outspoken advocates of change, but do not have the power positions in their systems to effect change.

3. *Behavioral change in individuals having impact on system.* The project had impact on the behavior of the remaining population, 66 persons, sufficient to bring about agency change. Fifteen agencies, or slightly over one-half of those participating, changed programs or orientations to a significant degree, six of them in major ways. These changes were of two types: within and between agencies. Examples of changes that occurred *within* agencies include increase in consultative and other preventive activities; inservice training for paraprofessionals, volunteers and professionals to extend treatment capability of the institution; training of boards; and, finally, organizational development efforts to broaden the base of decisionmaking in planning, administration and evaluation. Collaboration *between* organizations ranged from new arrangements to facilitate patient

referral and followup to more complex projects involving pooling and/or exchange of resources. Most of these were accomplished through a redeployment of personnel, but two of them have required and received new funding. The change agent capability of any one person or coalition of persons to impact the system was due to a combination of many factors such as the risk-taking ability of the individual, the power of his position in the hierarchy, and the rigidity or flexibility of his organization.

4. *Ripple effects.* The training materials developed in the project are anticipated to exert some effect on the continuing education of professionals. About 400 copies of the *Report of Three Inner City Communities* prepared by the second year group have been distributed and are being used in inservice training programs in mental health institutions and in university courses.

An extensive project report is available. In terms of ripple effects into the larger mental health community, 13 participants have moved into key positions of increased power and influence. The Mental Health Exchange (the administrators' group) still continues to meet as an open forum.

In summary, this innovative educational project succeeded to the extent described above in its aim of translating individual learnings and attitudinal change into organizational change, consonant with the goals of community mental health. The less tangible effects related to the human factors change model demonstrated two important factors in community change: (1) that people work together most effectively when they develop a sense of trust and colleagueship, and (2) that change is made by people, not just by plans and by dollars. Further, it demonstrated that the mental health professional has the capacity to become a more effective and creative change agent than his traditional role in the system usually permits.

Training Executive Staffs of Mental Health Centers

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MH-10648 1966–1974

This is a postgraduate advanced training program for senior professional staff members from the disciplines of psychiatry, psychology, social work, nursing, mental health education and health administration to prepare them to serve as executive staff members in a comprehensive community mental health center or a State program. In its eighth year, this program is expanding to train mental health administrators for State level mental health positions in human service agencies. This program offers 1 year's study toward a certificate in mental health administration or 2 years' study toward a certificate in mental health administration plus a master's degree in health administration from the School of Public Health.

The program uses weekly tutorials and faculty-fellow group planning sessions to evolve a progressively refined individualized curriculum that blends didactic and experiential learning. Using theoretical concepts and research methods from epidemiology, biostatistics, social science, and clinical fields, the focus is on the administrator developing his own working concepts and skills in need analysis, program development, operation and evaluation. From management theory, health systems analysis, operations research, and organizational behavior studies, each fellow moves toward integrating the staff development, consultation, clinical, educational, group process, community organization, citizen participation, and financial aspects of his role as a mental health administrator. Heavy emphasis is laid on learning to work in an interagency and interdisciplinary setting using multiple intervention processes. All trainees work in a "live work situation" with full professional responsibility and accountability. In addition, each must complete three program development projects through the stages of need survey, planning, gaining sanctions, training staff, operating the program, evaluating it and reporting it.

The second year of training continues the above tutorial and field projects and provides seminars on the advanced problems of administration, health delivery, consultation, social psychiatry and interorganizational relationships in human service systems. The apprenticeship placements, program analysis, field visits, and "live" consultation work in the field are expanded.

The facilities cooperating with the training program include the entire resources of the department of psychiatry in which it is located, the departments of health administration, health education, biostatistics, epidemiology in the school of public health, the school of social work, the school of nursing, and the departments of political science, psychology, and city planning. The major affiliation for field work is with the North Carolina State Department of Mental Health with its various local area and mental health center programs providing apprenticeship resources, field work placements and sites for field projects. The community psychiatry section is intimately involved with the actual program operations of seven nearby counties' mental health programs. Research is conducted in two rural mental health field stations.

The major significance of this project lies in its provision of specialized multidisciplinary training so that professionals who will work together in the mental health center train together. The project is also attempting to produce critical mental health manpower for a new developing area of mental health care delivery and for which there is a desperate shortage. The uniqueness of the program is felt to lie in its emphasis on the tutorial and "live work" approach rather than a graduate school model of a "cafeteria of courses." This program has undertaken other training innovations in the use of "inbasket exercises," skill laboratories, intensive workshops, group process, apprenticeships, manpower studies, and the development of an ad hoc consulting firm of fellows and faculty as professional contributions to others.

Major impacts of this program to date have been to provide trained administrative manpower and strengthen mental health care delivery services by the preparation of 34 full-time fellows and the part-time training of 16 students from nearby programs, 90 percent of whom now serve as mental health center directors or area directors in the southeastern States. The new mental health training institute at East Carolina University and the community hospital psychiatric nursing continuing education program at this University are manned by former students. Training format, teaching outlines, materials, bibliographies, "in-basket" exercises, and case studies have been shared with nine other community psychiatry training programs in the Nation; four of these have visited the program and three have initiated new programs which reflect some of the consultation provided. Negotiations are in progress to increase the extent to which the psychiatry residency programs of three State hospitals and two universities nearby will increase their use of the program's training resources. On campus, project staff have succeeded in augmenting the mental health training in the Schools of City Planning, Political Science, Social Work, and the Departments of Health Administration, Health Education, Biostatistics, and Epidemiology in the School of Public Health. These resources developed have also provided on-the-job continuing education to 28 area directors and 638 mental health center personnel from 14 southeastern States.

The training materials developed consist mainly of the following: (1) Program descriptions have been collected of mental health activities conducted in the country including detailed reports of the operation of some 82 mental health centers. All this material has been read and crossindexed and is available to students and staff as resource materials. This represents a very extensive and expensive investment in the most current knowledge of this new field. (2) Selected bibliographies are prepared yearly on some 20 different areas of mental health programming, one of which, on mental health centers, has been adopted by the National Clearinghouse for Mental Health Information of the National Institute of Mental Health and duplicated and distributed over the Nation. (3) A series of "in-basket" administrative situations has been developed. (4) A file of training designs with accompanying training aids has been compiled. (5) A file of "case studies" and "critical incidents" for teaching purposes has been accumulated. (6) A series of professional papers and series of program development booklets reporting what was learned by faculty and fellows in rural mental health are in press to be disseminated nationally.

During the course of this project, the University has materially expanded its support in terms of space, equipment, supportive services, and State funds for some of the principal trainers. The program's expansion and utilization by the entire Southeastern region are proceeding rapidly.

Professional Preparation in Mental Health Education

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***MH-10301 1965–1970

The project was designed: (a) to develop a training model for the mental health education specialist at the doctoral level; (b) to offer a community mental health subspecialty at the M.P.H. level in the Division of Behavioral Sciences and Health Education; (c) to offer input of community health mental concepts to the entire student body of the School of Public Health.

Seven doctoral students are currently in the program. Three or four of these students will be graduating in 1970. At the M.P.H. level, eight students have been graduated and are working in community mental health positions. The training program is completing its fifth and final year. All trainees in the doctoral program have an M.P.H. (or equivalent) in Health Education and the great majority of them also hold masters degrees in an additional cognate area. Most trainees also have had considerable field experience and were practitioners in a health or behavioral science area. Trainees were selected for their potential ability to function at high level positions.

Multiple agencies and institutions have cooperated in the training of students, most notable the Los Angeles County Health Department, Los Angeles County Mental Health Department, and various community mental health centers, specifically in the ghetto areas.

The average period of time (post-masters degree) to complete the D.P.H. degree in this program is 4 years. All students take a minor area of specialty and, for the most part, this has been a cognate area in a department outside of the School of Public Health (e.g., psychology, sociology, anthropology, social psychiatry). There has been every attempt individually to tailor each student's curriculum with reference to his past academic and field experience and his projected interest for the future. At the M.P.H. level, a more uniform training program was possible with a strong emphasis on the use of small groups for experiential learning.

Training has largely been geared to primary prevention. The role model has been one of preventive intervention on foci of conflict in the culture, e.g., black v. white; poor v. well-off; students v. administration; parents v. teenagers, etc. The theoretical framework has been a social ecosystems approach with the professional conceptualizing himself as an agent of social change rather than of social control.

The uniqueness of the program has been in preparing the student to function in a complex social and power system with a focus on the mental health aspects of group alienation, conflict, reconciliation and constructive change. There has been training in the more traditional role of the health education specialist as this would be adapted to the narrower needs of mental health (or illness) services that concentrate on curative and secondary preventive action. But the emphasis has been on a community-*centered*, rather than simply community-*oriented*, role. Special attention has been given to the potential for mental health services to embrace broader, innovative primary prevention programs as the context within which the more limited intramural programs of the past may function.

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The training program has appeared to engender a good deal of interest in the professional mental health community. There have been numerous professional visitors from various institutions and agencies both in the United States and abroad. The doctoral students, a socio-politically active group, have done considerable disseminating of the nature of the program through their efforts in the field. They have served as consultants, group leaders, and as resource personnel to community groups involved in mental health and social action programs. The training curriculum has wide diversity and is geared to individual needs and to the demands of a constantly changing social situation. For example, social crises intervention developed simply because of needs in this area. Students have been particularly enthusiastic regarding the concept of attempting to gain entree into the system at those crucial levels where a change in policy action would have the greatest effect. Consequently, they have become keenly aware of the power-political networks and have made successful forays into foci points in those networks.

Graduates of the M.P.H. program with a mental health subspecialty are working in a variety of mental health and social action settings including State mental health departments, several different county mental health departments and OEO sponsored programs.

Three of the doctoral students who will be graduating in 1970 have already accepted positions. One student has been appointed to the faculty of a department of psychology at a university and will develop a community psychology program; one has been appointed dean of nursing education at a new State college; one has been appointed coordinator of health education services abroad. Thus, these students are having no difficulty in finding high level positions but the conservatism of more distinctively mental health services has largely prevented our finding them satisfactory positions in those fields.

It is desirable to train the M.P.H. mental health education specialist. But in a field where innovation (and the skill and status to innovate) is so sorely needed, it seems equally clear that an even more important need is to develop a highly qualified doctoral level group of professionals capable of influencing the larger settings and approaches that in the end determine the effectiveness of the M.P.H. level professional. However, their entry into the current mental health services system and the willingness of administrators to take experimental approaches, constitute a first and major obstacle to be overcome.

Community Mental Health Specialists

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MH–10233 1965–1974

The objective of this 1-year, full-time educational program is to train mental health professionals who will assume positions of innovative leadership as planners, administrators, researchers and educators in their later careers.

Since its inception in 1954, 188 community mental health specialists have been trained. These Fellows have included psychiatrists who have completed 3 years of approved psychiatric residency training, psychologists with a Ph.D. and relevant work experience, social workers with a number of years of experience in clinical, community and supervisory settings, and nurses with Ph.D.s or master's degrees, with extensive supervisory experience in the public health/mental health field. Sociologists and other social scientists with relevant training and experience have also participated on a full-time basis. A Certificate in Community

Mental Health is awarded by Harvard Medical School to full-time Fellows upon successful completion of the program.

In certain instances it has been possible for arrangements to be made for psychiatric residents to combine their third year of residency with the laboratory program. Harvard Medical School students, other students, Fellows and faculty of other departments in Harvard University and psychiatric residents in Boston programs can participate in courses on a part-time basis as space permits. The training program also provides opportunities for faculty members of other universities to participate while on sabbatical leave, and extension education is offered on a limited basis to staff of community mental health programs in Massachusetts.

Over the years the following educational goals have emerged as the main targets of the training program:

By the end of the year it is hoped that the Fellows will have acquired

(1) a systematic set of concepts that will enable them to appraise and orient themselves to any new community, population, or institution with which they may be called upon to work—a kind of conceptual map and compass to navigate in initially unknown territory;

(2) a map of the expectable elements of the field of forces—economic, political, legal, administrative, and sociocultural—of the real world of community life at the international, national, regional, State and local levels;

(3) the ability to master the personal discomfort of exploring, developing and negotiating new roles in a novel and changing environment and of shifting rapidly from role to role;

(4) the basis for developing community skills, such as mental health consultation, mental health education, crisis intervention, administration and planning, community organization and community development;

(5) the ability to collaborate with research specialists in social and community mental health, particularly in the area of program research and evaluation;

(6) knowledge and understanding of and sensitivity to the values and ways of thinking and specific needs of consumer groups, particularly cultural, racial and ethnic minorities.

The academic year is divided into three or four periods of 8–12 weeks, with a week reserved for Fellows to undertake field visits. During the early part of the year a conceptual foundation is built in basic core courses. The latter part of the year is more open to permit participation in electives (some designed by the Fellows themselves) geared to individual and subgroup needs. The weekly schedule is divided into 3 days of didactic teaching, consisting mainly of seminars and lectures, and 2 days of community service. Summer field placements are offered to synthesize the experience of seminars and community activities.

In the field, one of the models practiced in community service is the systems model, where groups of Fellows and staff operate at many levels within an organization. Another approach uses a public health model which is applied through community mental health centers with catchment area responsibilities. In the systems approach, the teaching staff and Fellows work as a collaborative consultant team in an agency at different levels. These levels can include senior administrative personnel, middle management and line workers. Planning for intervention is done in sessions at the laboratory in "teaching-learning teams" and each staff member and Fellow takes on a specific role and task within the system. Some examples of programs developed within agencies using a systems approach include: a city-wide program of systematic administrative, supervisory, guidance and teaching staffs of a city school department; consultation to an Episcopal Diocese (with administrative consultation to the Bishop and his headquarters staff, and group and individual consultee-centered consultation to clergymen drawn from a cross section of inner, middle and outer-city parishes); administrative and program consultation to a model cities program.

Using an alternative model, the Fellow operates in a mental health center which has responsibility for a geographic area. Such a field experience provides the Fellow with an opportunity to understand and apply the catchment area concept. He can become familiar with the issues and techniques pertinent to community activities. He works closely with the director of the mental health program and is able to participate in many of his administrative activities. He is also assigned two or three specific subsystems within the catchment area where his intervention may assume the form of consultation, education, program development and/or coordination. In weekly meetings at the laboratory his activities and experiences within the mental health programs can be conceptualized, clarified, and integrated. The teaching staff acts as supervisor of techniques and approaches, while the center director communicates with the Fellow at an administrative level. Examples of experiences in one mental health center are: consultation to the administrator and teachers of a Head Start project; consultation with the counselors of a day care center; administrative and case-centered consultation to a junior high school.

Fellows spend a substantial part of their year in community service activities which, together with the consulting and intervention activities of the staff, provide a major link between training, research and service. These three major activities of the total program of the laboratory are designed to be mutually supportive: sound training and effective community service are dependent on careful research in community systems; training of Fellows and others, and staff and Fellow interventions through community service activities provide live data for research, evaluation and program development in community mental health.

Timely dissemination of findings, and the application and testing of new approaches in the field, are of primary importance in the work of the laboratory. The service activities in which staff and Fellows participate are a major channel through which results enter the field; the training of Fellows for responsible leadership positions is another. In addition, all laboratory projects assume responsibility for publication in books and journals and for dissemination through talks to both professional and lay audiences. A film production unit provides another medium through which work has been presented to the field.

Laboratory of Community Psychiatry graduates have gone on to influence social policy in governmental and private institutions and organizations, and into other sectors of American national life which affect the emotional well-being of its citizens. The laboratory's major training aim is to continue to produce graduates who will make a significant positive impact on local and national mental health policy and services.

Postdoctoral Internship in Applied Behavioral Science

National Training Laboratories
1201 Sixteenth Street, N.W.
Washington, D.C. 20036
***MH-7464 1962–1967

The project provided a group learning experience for selected social scientists and members of helping professions for a number of outcomes including increased understanding of social processes and change; the acquisition of skills to promote leadership training in communities, schools, and organizations; and increased sensitivity to social needs. The training program consisted of a summer program with a commitment on the part of the trainee during the following year to participate as a junior or intern staff member on projects selected by NTL staff. In addition, continued informal study and consultation conferences were held with the trainees during the year.

13

RECRUITMENT FOR PROFESSIONS

Graduate Training for Indigenous Personnel

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MH-12530 1971–1973

The objectives of Project TIP (Training Indigenous Personnel) are to open graduate courses and the graduate curriculum at the master's level in counseling to a noncollege population; to evaluate the academic achievements of the candidates selected; to place them in professional positions upon completion of Project TIP training in the mental health service delivery system; to secure the cooperation of community agencies in field training the students selected; and to follow-up, evaluate, and record the professional performance of the selectees.

During the 2-year period 1971–1973, 25 students were selected to participate in the Project. Three students each year were selected as NIMH scholars and received a stipend for living expenses and tuition which enabled them to go to school full time. Nineteen non-NIMH scholars participated on a part-time basis while they continued to handle their home and/or job responsibilities.

Students were selected without regard to prior formal academic attainments. Some had attended some college, still others had no previous college training, and one had not completed high school. The selection committee chose students who had work experience in one of the human service delivery systems and/or who showed a high interest in the helping arts. All students selected were over 25 years of age, and all had "fallen off" the normal career ladder because of poverty, marriage, or lack of planning.

The core of the program was three practicum experiences, two in individual counseling and one in group counseling. For the program to achieve its goals, close understanding, cooperation and support from community agencies were necessary. Project TIP did receive this support unanimously; community agencies were able to offer satisfactory placement sites for all of the students.

Project TIP did not create any unique training methods for this special student population. The reasoning was that it was not necessary to design another program which prepared paraprofessionals; rather, the hope was that students would perform as well as college graduates. Project TIP students in the program therefore attended regular graduate classes and, to eliminate prejudice (either of favor or disfavor), were encouraged not to identify themselves as special students. The basic concept was to mute anything special or unusual about the TIP student, and not in any way elicit some special or unusual reaction or response from faculty and/or other graduate students.

Project TIP students were given the option of taking any appropriate graduate course. If they completed the required number of hours—54 quarter credit hours—they would get a graduate certificate in counseling. Alternatively, they could follow the required curriculum and perhaps receive a master's degree. All students selected the master's degree option.

Of the three full-time NIMH-supported scholars who completed the first year's training, one received a position as a home-school coordinator in a school system; a second student took employment in the child welfare department of her home county as a counselor; and the third student went on to become a candidate for the doctorate at another university. Judging from the cumulative experiences thus far, actual and potential employment opportunities for graduates of the program are good. However, the other 19 students, being part-time, are not far enough along yet in the program to consider employment.

Still, the experiences of the three full-time students is encouraging, as is the progress being made by the part-time students. It appears that these noncollege students are able to compete with college graduates, at least in this program and at this institution. It would be interesting indeed to expand this research with a new educational model to other subject matters and to other institutions. The limited results of Project TIP to date are, of course, only suggestive; but it is possible that further experimentation might show that entrance requirements to many graduate programs are in need of revision. If it is possible to train noncollege students at the graduate level to be able and capable helping agents, then perhaps the traditional liberal arts curriculum need not be a prerequisite for professional training. It may, indeed, become possible to shorten professional training rather drastically.

Hopelessness to Leadership

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MH-11513 1968-1978

Hopelessness to Leadership (Operation Hope) was funded July 1, 1968. The program has selected, for training, youths from the black ghetto and Chicanos from the barrio who possess leadership ability and have an interest in the welfare of others but who, by the forces of poverty, poor educational achievement and lack of hope, are frustrated in their attempts to achieve. These students came from low-income or poverty areas, and their lives presented constant crises. The staff was available at all hours for student needs. Crises were legal, financial, and medical, including personal and family crises, and psychogenic disorders associated with intensive commitment.

The program had three distinct but integrated parts: matriculation in college and onsite instruction; remedial education and emotional support; and training in community institutions and social agencies.

One of the goals of the program is to assist the youth through college and perhaps through a graduate degree as required for the professional field of his choice. Another is to determine the process whereby this is best accomplished.

It is envisioned that the program will produce a model for the selection and training of personnel who will influence institutional change, breaking down traditional attitudes and procedures for educating and serving the poor. The model will involve having students of diverse backgrounds, newly trained, attaining positions of authority which will change policy, professional image and professional goals. It is hoped that the program will provide a model for professional practice that may implement methods, techniques, and skills to attain change.

The staff has consisted of five full-time professionals—three social workers, one sociologist, and one administrative assistant—plus 11 consultants available as needed.

Forty-two students have been involved in the program over the 5-year period. Fifteen have earned the B.A. degree and an additional seven will receive the B.A. in 1973. Nine other students are enrolled in a variety of professional schools, law, social work, child development, urban planning and specialized teaching. Another two have returned to the community; one of these is teaching in the State university and the other is a math instructor at a junior high school.

The program raises several questions. During its first 5 years the questions were: Can recruitment for the mental health fields be done among lower-income students from the ghettos? What supports make it possible for these students to complete their training for professional credentials? The answer to the first question is in the affirmative. To the second, multiple supports free the student for academic pursuits. These supports encompass the day-to-day crises associated with the struggle to survive.

Yet to be answered are the questions: What will these students do as they assume positions in the community? What are the mental health needs of these students as they reenter the community? And, lastly, can they teach others?

In the second 5-year period, these and other questions will be addressed. More specifically, the project will extend and improve the training model most suitable to the high risk student; articulate the program with institutions of higher learning in such a way that the institutions make major structural and economic concessions and commitments to most honestly and effectively house the program; extend the training involvement to younger ghetto-barrio youth; and follow in a supportive and educational fashion older students who have been through the program and are now moving back, in work roles, into their communities. Using the successful trainee as a human and exemplary pivot, the project will reach farther back in time (high school) to contact and establish trusting relationships with prospective trainees; effect a practical and training-relevant bridge back to the community for those who have successfully negotiated the program by deeply involving some of them in the recruitment, referral and training of the new trainees; and learn from the extended program how effective the program has been, what works best with this type of student, etc.

Thirty trainees are to be selected initially (referred by current students and graduates). These will be high school seniors. They will participate in an orientation which seeks to work out natural problems of distrust and suspicion which have confronted the project in the past. In a first summer program the trainees will, in groups of five and a graduate trainer, explore the issues, problems, styles, etc., associated with academic work at the college level. This will include open group discussions, trips to campuses, etc. Subsequently, there will be a series of workshops and on and off campus classes. The degree achieved will be a bachelor's in social science and business.

14

HEALTH AND MENTAL HEALTH PROFESSIONAL PERSONNEL

Interdisciplinary Generic Training Program

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**MH–13522 1973–1978

Students in various disciplines (e.g., students working for the MSW, graduate students in psychology, special education, and psychiatric nursing, law students, and child psychiatry fellows) will enroll for a 1-year training program at the Wiltwyck School for Boys. These students will be prepared, in conjunction with new careers type of agency employees, to function competently in offering relevant services to inner city residents.

The premise is that students in these disciplines rarely receive training which is carefully fitted to quality service programs and their manpower needs. It is further believed that training programs generally fail to teach the student how to work effectively with persons of other disciplines and to understand both the common characteristics and the uniqueness of the several disciplines in human service agencies. Thus, the two major emphases are on service-related experience in serving inner-city residents and on interdisciplinary relationships in comprehensive service systems.

Students from each of the disciplines listed above will have 1 year of "generic" training in an interdisciplinary context. They will acquire core knowledge and experience about the communities they serve; about the interaction of problems (e.g., health and law, welfare and health); and about complex situations any client is in. Classroom work seminars, and field assignments will be provided. For the field work, teams of students from the several disciplines will be assigned to agency programs in Harlem, Bedford-Stuyvesant or South Bronx for participation in supervised service activities.

Cooperating with Wiltwyck School will be Hunter College, Columbia University, Fordham University, and the School of Law of New York University.

In addition to the training of the students, the program has four major objectives:

(1) A service-based and interdisciplinary curriculum will be developed and tested, and the generic and discipline-based tasks within a comprehensive service system will be identified. The program in the first year will be based solely on previous experience; in the second year, feedback from the first year will be used to modify the program.

(2) The program will seek to foster readiness for curricular change in the faculties of the participating educational institutions, mainly by including the faculties of the several training institutions in the seminars which are to be part of the educational methodology.

(3) The program will seek to foster curricular change in those educational institutions to achieve a better match with the most advanced service agency practice in an inner city comprehensive human service system.

(4) The program will encourage the nation-wide dissemination of information gained concerning generic training programs in the human service fields.

Community Sociology Training Program

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**MH-13431 1973–1978

This is a 4-year Ph.D.-level program designed to train sociologists to become important figures in mental health activities and to enable them to perform effectively in mental health agencies and organizations. The roles trainees will be prepared to undertake include aiding in the planning, implementation and evaluation of mental health programs; aiding community groups in the formulation of programs and proposals; advocating programs developed by community groups in mental health agencies that have the responsibility of developing new programs; fostering closer ties between community groups and mental health agencies during the planning process; carrying out background research necessary for the development of mental health programs; serving as liaisons between community groups and mental health agencies; assisting community groups and agencies in the training of paraprofessionals by the transmission of basic sociological skills to paraprofessionals; and fostering a community orientation in mental health agencies.

The program is comprised of four major components: (1) courses in sociology to provide trainees with a thorough grounding in the discipline, especially in the areas related to mental health activities; (2) courses in related fields (e.g., social work, economics, psychology, political science) relevant to mental health programs; (3) workshops and conferences scheduled on a regular basis to provide additional skills not covered in the courses, and broaden contact between trainees and community organizations and agencies active in the mental health field; (4) extensive field experiences in community organizations and agencies active in mental health fields.

An added resource for this program is the consortium that has been developed among Boston College, Boston University, Brandeis University, and Tufts University. This arrangement will make it possible for trainees with special needs, which cannot be met by courses currently available at Boston University, to enroll in the appropriate courses at these institutions.

The first year of the program is designed to provide trainees with a background in the basic sociological skills that will be important in a variety of mental health settings. Trainees will be exposed to the principles and activities related to mental health being undertaken in other disciplines during the second year. These include social work, psychology, and economics. The third year of the program will provide additional important preparation in sociology, social work and political science. The trainees will participate in mental health activities on a half-time basis during the academic year with the agencies and organizations they have worked with during the preceding summer. During the second semester of the third year the trainees will enroll in a directed study with an individual faculty member. This directed study will be related to the field activities. During the fourth year of the program, the major activity will be the preparation and completion of a Ph.D. dissertation relating to mental health activities.

Workshops and conferences which will bring together academic and community specialists will be an important component of the trainees' development of new perspectives and skills. While no field experiences will be required of fourth year trainees, they will be required to attend the workshops and conferences.

Initial recruitment for the program will be undertaken from undergraduate institutions whose students progress to graduate school; students already enrolled in the graduate program of the Department of Sociology; agencies and organizations active in meeting the mental health needs of the community. Publicity will be sent to universities, agencies, and community organizations throughout the country inviting applications. Special efforts will be made to attract minority students interested in working in community mental health areas. The present aim is to enroll six Ph.D. students during the initial year, of whom four will be at the first-year graduate level.

An advisory board is a crucial component of an ongoing evaluation and coordination of the structure and contents of the program. This advisory board will be composed of the dean of the Graduate School of Arts and Sciences, faculty from the Department of Sociology and related fields, and representatives of community organizations and mental health related agencies.

A Multidisciplinary Role for a Health Professional

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MH-12306 1971–1974

The project was designed to develop and evaluate an educational concept intended to enhance the effectiveness of the pharmacist in matters of public and mental health. Training has been included in the preceding two academic years. During the first year (1971–72), a pilot group of 14 graduate pharmacists in the doctor of pharmacy program were trainees. The course was refined and adopted into the terminal year of the bachelor of science degree program, and 105 students completed the training in 1972–73. For purposes of evaluation, the experimental group was randomly selected from these 105 students, and the control group was randomly selected from the previous (1972) graduating class which did not participate in the program but was otherwise considered comparable. Evaluation took two forms: (1) Assessment of changes within the individual, based on results of standardized tests completed immediately before and after the training and (2) assessment of reactions of pharmacists 3 to 6 months after graduation, in open-ended interviews and while viewing a film of critical incidents.

The program includes field experiences in hospitals and clinics and didactic topics embodied in a 3-quarter-hour course entitled "Behavioral Sciences and Pharmacy Practice," taught primarily by psychiatrists, clinical psychologists, social workers, and pharmacists. The course contains four major sections: (1) Introduction to Human Behavior, including motivations, frustration, conflict, adaptation, and disruptive behavior; (2) Interpersonal Relationships, including interviewing, crisis intervention, and interprofessional relationships; (3) Social Process in Home and Community; and (4) Mental Health Professions—Roles and Areas of Potential Interactions with Pharmacists. In addition there are discussion seminars where students, in groups of about 20, interact and attempt to relate concepts to actual practice under the guidance of mental health professional group leaders.

The program is based on the recognition that the pharmacist is in a unique position to contribute to the physical and mental health of the Nation. In the hospitals and especially in community practice, he is available to large numbers of citizens during extended hours, 7 days each week. In addition, considerable information relative to the health and well-being of individuals and families comes to his attention. He is asked for advice and assistance on a variety of topics ranging from drugs and other health-related factors to personal (including social, economic, and psychological) problems. Even when not directly consulted, he is frequently well aware of such matters through interprofessional communications and personal observation. In many small towns he is the only health professional on the scene.

Collection of data indicating the direct impact of the project will be completed by the fall of 1973, and analysis will be accomplished thereafter. The project has indirectly resulted in pharmacy service contracts between the University of Tennessee College of Pharmacy and two mental health facilities, the Tennessee Psychiatric Hospital and Institute and the Memphis and Shelby County Mental Health Center. In these locations new advanced roles for pharmacists in care of the mentally ill are being examined on a pilot basis and these facilities also represent additional training sites for pharmacy students. A color sound film of critical incidents was prepared in a local pharmacy as an evaluation instrument. It is now being considered for future use as a classroom teaching instrument.

Information about the program has been disseminated primarily by invited and contributed papers presented at professional meetings in 1971–73, including the Tennessee Pharmaceutical Association; the Annual Seminar of the Georgia Society of Hospital Pharmacists; the Annual Seminar of the Texas Society of Hospital Pharmacists; the annual meeting of the Section of Teachers of Pharmacy of the American Association of Colleges of Pharmacy Conference of Teachers; the Annual Meeting of the Georgia Division of Mental Health; the Annual Meeting of the American Board of Diplomates in Pharmacy; and the Annual Meeting of the American Society of Hospital Pharmacists. In addition, the staff participated in a symposium at the National Conference of Mental Health Pharmacists held at the College of Pharmacy, University of Nebraska, in 1973, and prepared an audio-visual exhibit for the Annual Seminar of the American Association of Colleges of Pharmacy.

The course has been adopted as a requirement in the pharmacy curriculum, and is being partially supported by funding outside the grant. After termination of the grant, it will be fully supported by the College of Pharmacy.

Human Behavior for Students of Pharmacy

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MH–12301 1970–1974

The initial purpose of this project was to design and to develop a required and specific course of study in human behavior for all senior students of pharmacy at the University of Southern California. In its present form the program is structured in contemplation of a pharmacist role model designed for psychiatric patient care environments. It is a patient-centered training program.

Under the supervision of pharmacist instructors and/or psychiatrists the students interview psychiatric patients, prepare drug histories, conduct followup interviews, monitor the patient progress under drug therapy, and make suggestions to the responsible psychiatrist for modifications in patient drug therapy. The student may also counsel the patient on the appropriate use of prescribed and nonprescribed medications. Students also participate in patient psychotherapy groups and perform in other ward activities which are appropriate to his training.

Wards and clinics in which the students have responsibility include a psychiatric acute care hospital, a psychiatric outpatient clinic, a psychosomatic patient clinic, and neurology, neurosurgery, and alcohol wards, and Antabuse clinic. Students also round with the overdose-suicide evaluation team, and visit community-based mental health facilities.

Students are taken into the program in groups of 40 for a 9-week training period. Each week has approximately 24 hours of scheduled classroom and ward experiences plus outside reading, library research and case development. The class size this year is 120.

Ancillary classroom activities support the student in his "need to know" which arises from his patient care activities. Major emphasis is placed on the clinical application of psychoactive drugs in the management of the patient, on the development and improvement in communication skills with patients, and on the recognition of symptoms of mental disorder. This last emphasis is clearly necessary to the pharmacist's patient monitoring function. It also provides a strong core of information for the learning of psychiatric jargon. It is believed that a major barrier to the pharmacist's entry into the mental health field has been his inability to communicate accurately and concisely with the other professionals in the field.

Major teaching strategies include the intensive use of supervised clinical experience, case development and presentation, and an intensive use of media for training. The media include movies and videotapes coupled with programmed clinical problemsolving experience. Video equipment is used extensively for recording student interview sessions with playback for self-performance evaluation.

The fifth (junior) year of this 6-year pharmacist training program has been modified to include a course in communication to support the training for the development and improvement of communication skills during the sixth year "Behavioral" program. Junior level teaching in pharmacology has increased its stress on neurotransmitter theory and the actions of psychotropic agents.

The mental health pharmacist role model, which has given the teaching program its design, has been implemented in the psychiatric outpatient clinic. It is currently being evaluated for cost effectiveness and a separate research agency is making a limited cost/benefit analysis.

To our knowledge, no graduate, prior to instigation of the behavioral program, has elected employment in the mental health field. Informal reporting by graduates who have had the behavioral program indicates that 14 have taken such employment. A formal determination of the program's effect on the graduate's employment in the mental health field will be undertaken in the spring of 1974. Whether or not the graduate selects employment in the mental health field, it is believed that he will understand better the needs of and be able to provide more appropriate care to the mentally disturbed patient in any environment.

This new role and self-image in one sense reflects a full cycle. At a much earlier time the physician actually served as his own pharmacist prescribing and filling prescriptions; then this function of the physician was gradually given to the pharmacist to relieve the physician for other functions. The emphasis in this program upon returning some of the "doctorlike" functions to the pharmacist is based on the belief that the amount of training required to turn out a pharmacist is far too great to have him spend the rest of his life simply filling prescriptions which, with modern technology, can be done very competently by a technician. The focus on the new role image means that the pharmacist would spend less of his time actually filling prescriptions and more of his time in a teaching health educator role.

Navajo Mental Health

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***MH-11930* 1969–1973

This is a 3-year project to train 12 Navajos to become medicine men. Since no ceremonies can be taught in June or July, the 10-month training cycle will begin in August. Vacancies from any cause will be filled then. (For example, the first year, 1969–70, four trainees each learned one full ceremony, and, therefore, are now qualified to practice as medicine men in these specialties. One or more may elect to again become a trainee to learn another ceremony.) The training is based on 40 hours per week for the 10 months each year. The length of time is due to the sheer volume of rote memorization involved in each ceremony to be learned. There are some 50 ceremonies. The average medicine man knows two or three, rarely more than five. The training is accomplished by long hours of practice under the direct supervision of the Navajo doctor in charge. The trainees are taught in the instructing medicine man's own hogan, usually at night. The objective in each case is for the trainee to learn the particular ceremony perfectly prior to performing it with a patient. Emphasis is on restoration of emotional wellbeing so that the patient can function normally. The program provides a means of perpetuating a tradition of proved positive value for Navajo mental health. The Navajos are desirous of having a trained group of practitioners to replace the older men. They work closely with PHS doctors providing psychiatric counseling where it is of value and referring medical cases to PHS physicians. This program provides mental health relevant manpower for a proportion of the Navajo nation still non-English speaking and unable to benefit from Anglo forms of therapy.

The project began in August of 1969. Six medicine men were hired and to each were assigned two trainees. Except for one, the trainees have been under 30 and one was only 16. These young people already had some knowledge about the Navajo chants and ceremonies.

The program has been working in cooperation with the Public Health Service. In addition to staff consultation, the psychiatric consultant of the Navajo Indian Health Area as well as other Public Health Service physicians have conducted and participated in eight mental health and medical group discussions with the trainees, instructors and staff of the program throughout the year. These discussions involved the correlation of the two systems of mental knowledge, giving the trainees a greater understanding of the problems of their patients, and increasing their sensitivities to the interpersonal issues at stake in their professional work. Some specific topics included "Bacteria and How It Affects the Body." "The Circulatory System," and "The Structure of the Body and How It Works."

In addition to working with the Public Health Service, the program staff has been working industriously toward the goal of all the trainees becoming medicine men. By the end of the first year, four of the trainees have become medicine men. Three others have learned the ceremonies and when patients ask them to, will become medicine men after performance of the ceremonies with patients. The last five trainees have learned much but still need further training.

The project also has been gradually building up an image for itself in the eyes of the community and the public. The director of the program has been invited to speak at numerous conferences sponsored by anthropological and educational organizations. These trips involved travel to many parts of the United States, including Washington, D.C., San Francisco, California; and Minneapolis, Minnesota.

Several field trips have also been made by the trainees and staff. One of the trips was made to the Gallup Indian Hospital where the instructors and trainees observed the operating room as part of an all-day program. All in all, this has been a successful year for the mental health program.

Professional Program in Clinical Psychology

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MH-11446 1969–1974

This Doctor of Psychology Program is designed to prepare psychologists for professional work at the highest levels of responsibility. The program has formally been in effect since September 1968. However, a group of students who entered graduate training in 1967 requested permission to declare candidacy for the doctor of psychology degree and they were allowed to do so. In all, 37 students are enrolled in the program at four levels. By now it is clear that very large numbers of highly qualified applicants request admission to the program. Most of the students enter graduate work directly from baccalaureate level education though a large minority of applicants have spent at least a year in some kind of preprofessional work or in graduate study elsewhere.

Initial training is conducted principally at a psychological service center operated by the Department of Psychology. Additional training takes place at two nearby comprehensive mental health zone centers, a student counseling service, a veterans' hospital, and increasingly in association with community agencies organized to accomplish preventive rather than meliorative aims. The first year of training is concentrated on education in basic behavioral science, research methods, and an introduction to clinical psychology which includes both didactic and practicum experience. During the second and third years, intensive training in professional skills is offered by way of numerous laboratories in clinical psychology. Some of these are conducted by university faculty members and others by psychologists primarily affiliated with field agencies. At the present time laboratories are offered in advanced clinical assessment, two forms of individual psychotherapy, systematic desensitization, two forms of group counseling, behavior modification programs in residential settings, and several forms of community intervention. The fourth year of training is devoted to an internship and a report dealing with some aspect of the professional applications of behavioral science in clinical, counseling and community psychology. Most of the reports to date have been devoted to the study of a program for providing professional services to the public, the organization of a system for providing improved services, and evaluation of the new program. At the end of the fourth year, upon review of performance records and approval of report emphasizing innovation in professional work, the doctor of psychology degree is awarded.

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[1] For current information contact Dr. Warren M. Steinman at the University of Illinois.

To date, the academic and professional performance of students in the Doctor of Psychology program has been of the highest quality. Their average course grades and ratings of professional skill have been equal to those of Ph.D. students with whom they have been compared. Supervisors of clinical training have typically neither cared nor known which students were in the Ph.D. program and which were in the D.Psy. program. There is no evidence whatsoever of inferior status or second-class citizenship attributed to members of the Doctor of Psychology program. Student morale is high and objections to the program on the part of students have practically vanished. Informal verbal reports, and the ease with which faculty appointments and financial expenditures for clinical training can now be justified, also suggest more favorable faculty attitudes toward professional clinical psychology than those which prevailed before the professional aims of the program were made explicit.

At the time this report is written, three doctor of psychology degrees have been awarded and four other doctor of psychology students have accepted jobs though their final professional reports are not yet complete. All positions are in public mental health agencies of one kind or another. Students report no difficulty in obtaining highly desirable jobs. Initial responsibilities typically include combinations of direct professional work, consultation, program administration and evaluation, and training of other professional and nonprofessional personnel.

Public acceptance of the Doctor of Psychology concept appears to be improving. In 1968 members of the Chicago Training Conference expressed more favorable attitudes toward the program than they did in 1965. The NIMH grant which led to the present statement was approved in 1969. Review for accreditation by the American Psychological Association was initiated in 1970, a new category for the "provisional accreditation of experimental programs" has now been written into the accreditation rules, and the Doctor of Psychology program was the first to receive provisional accreditation under those rules. The program was evaluated for full accreditation in 1973. Formal notification of the results of that evaluation has not yet been received, but there is every reason to suppose that full accreditation will soon be granted.

So far, only two other Doctor of Psychology programs have been initiated in the United States though several schools are known to be considering the development of similar programs. It seems likely that decisions to proceed with the programs are being deferred until the outcomes of the National Conference on Levels and Patterns of Training in Professional Psychology are reached and publicized. The doctor of psychology model is strongly represented in materials which were collected to define the organization of that conference and the results of the doctor of psychology innovation at Illinois was made abundantly available to participants. If some form of explicit sanction for programs such as this one emerges from the conference, it seems likely that additional professional doctoral programs in clinical psychology will soon be initiated at other training centers.

Development of Content and Methods for Teaching of Psychology to Dental Students

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***MH–6412 1956–1962

This project developed the content and methods for teaching concepts from the behavioral sciences to dental students for the purpose of increasing their effectiveness in dealing with emotional disorders in dental practice. In addition, it trained dental personnel for dental education and to conduct research into emotional disorders relating to dental disorders. Students rotated through the Langley Porter Memorial Mental Hygiene Dental Clinic, performing routine operations on the patients and thus learning to manage such patients under supervision. The staff developed a syllabus for the undergraduate lecture course, plus readings and teaching aids. The goal of the undergraduate training was to give the student some consistent theory of human behavior and to train him to think analytically and constructively in these terms in his dealings with people.

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RESEARCH PERSONNEL AND STATISTICIANS

Undergraduate Training in Evaluative Research

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MH–12788 1971–1976

The Program Evaluation and Development (PED) Project is a training project that integrates research and evaluation with program development. The project is an undergraduate, senior-year program that stresses on-line utilization of evaluation and program development skills in receptive social service and mental health related agencies. In the agency a student takes on the role of consultant to that agency, responsible for evaluation and planning activities that provide a basis for improvement of agency performance. Upon graduation the student enters the job market having developed and applied skills as if he were previously employed.

The project is based at the School of Community Service and Public Affairs (CSPA) at the University of Oregon. CSPA is a professional school geared to train bachelor level people to work in direct and indirect human service delivery systems. The school is field-based and competency-oriented and hence is supportive of the PED's field-oriented instructional format and evaluation content. CSPA has expressed interest in the program as a possible model for future CSPA development. The PED project is presently working on dissemination of materials and models to facilitate that relationship.

Field is the emphasis of the project. The field placement site is chosen by the trainee based on his interests and on the agency's needs for evaluation and program development services. The trainee, a field instructor for PED, and an agency representative contract to perform specific tasks and responsibilities. Trainees have been involved with a number of local and State agencies—the local mental health center, community action projects, community colleges, local community schools program, and mental health clinics.

Supportive techniques, models and skills are introduced and practiced in simulated situations during six structured classroom hours per week. Theory practice integration is set up to help integrate field with skills, techniques and models. Each week every trainee meets individually with his field instructor. The content is oriented toward task completion in the field.

In its third year in operation, the project staff has been working on the development of an effective training model utilizing existing agencies in need of evaluation services. Included are field techniques and models (such as Theory Practice Integration, contracting for field work) and techniques that build skills in five competency areas applicable to a broad range of situations. For example:

- A simple Systems Model that is used to describe an agency or a problem and to plan an evaluation or program development project.
- Needs Assessment Model that is geared to gathering data to look at a more specific problem.
- Problem-Oriented Record Keeping (PORK) and the functional role concept are used to monitor an agency's activities.

In addition to providing a supportive environment for the PED program, CSPA supplies most of the senior-year students.

As such, they have had some field experiences and classroom work within their chosen academic speciality and career interest. Within the PED program, trainees work toward acquiring and demonstrating skills (in their agency placement) in five basic competency areas. Those areas include the following:

- Entry Skills: initial contact with the organization, assessing the situation for receptivity to evaluation (supporting and hindering factors), and negotiating a contract to do specified tasks in the agency.
- Data Gathering Skills: obtaining data from clients, organization's staff, and environment to identify the problem area and outline the facilitating and hindering situations in the environment in relation to that problem.
- Evaluation Skills: statement of measurable objectives, developing methods for measurement, interpreting results and drawing conclusions.
- Development Skills: using information from a needs assessment or evaluation and developing a project to meet those identified weaknesses or needs.
- Implementing Skills: presenting results of an evaluation or development project to the organization to enable the agency to use that information in program management and planning decisions. This includes establishing closure with that organization.

In order to provide a structure for acquisition of these skills, the PED program is designed around three basic units: (1) Field Placement—6 credit hours per term, (2) Seminar—3 credit hours per term, (3) Theory Practice Integration—3 credit hours per term. All trainees take a total of 12 credit hours in each of three consecutive quarters of their senior year.

In addition to trainees working in agencies on their field placements, staff and combinations of staff and trainees have acted as consultants to a number of agencies—with the Southeast Portland Comprehensive Mental Health Planning Project, Interdisciplinary Health Student Conference in Portland, April 6 and 7, 1973, Lane County Community Coordinated Child Care agency, Oregon Problem Drinker, Lane County Community Mental Health Center, and Lane County Community Action Project. In addition, a trainee successfully headed a task force for reorganizing the School of Community Service and Public Affairs (the host institution).

Graduates hold evaluator and/or planner positions with social service agencies in Oregon, including Northwest Regional Training Labs (Portland), Southeast Portland Comprehensive Mental Health Planning Project, State of Oregon Department of Human Resources, and City of Portland Human Resources Department. Three of the graduates have gone or will be going to graduate school in gerontology and public administration.

Interdisciplinary Mental Health Research and Evaluation Doctoral Project

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MH-12575 1971-1974

This 39-month interdisciplinary program provides doctoral-level training for eight students in the field of mental health evaluation and research. All students had at least baccalaureate training in one of a variety of fields (psychology, sociology, mathematics, urban education) prior to entering the program. Selection was based on undergraduate and graduate grades, GRE scores, letters of recommendation, and personal interview. At this writing, the program is concluding its second year of operation.

The program's objectives are to prepare students to function in the three broad areas of mental health evaluation research: (a) Assessment of administrative and organizational structure of mental health programs in order to most efficiently provide health service to those in greatest need; (b) process analysis of patterns of services

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provided to different groups and areas in order to determine whether the mental health needs of the community are being adequately and efficiently (in terms of costs involved) cared for; and (c) traditional treatment outcome research.

In order to achieve these objectives, the program includes a broad range of didactic instruction and practicum experiences. The interdisciplinary academic course sequence includes: (a) *sociology*, treating community structure and power holders; (b) *experimental statistics*, stressing biometric design and analysis; (c) *psychology*, stressing statistical application and clinical psychology; (d) *educational psychology*, community psychology, governance and legal aspects of mental health, evaluation research; (e) *industrial engineering*, operations research and systems; and (f) *computer science*, computer application, information management systems and simulation.

Practicum experiences have been coordinated primarily through semester long (4 to 5 month) placement of students in various mental health facilities throughout the country and also through local placements during the school year. Placement facilities cooperating in the training program include Southwest Mental Health Center, Las Cruces, New Mexico; Beaumont General Hospital (Fort Bliss), El Paso, Texas; the San Antonio (Texas) Independent School District; Fort Logan Mental Health Center, Denver, Colorado; the Mental Health and Mental Retardation Programs of Lancaster and Lebanon Counties, Pennsylvania; the Community Mental Health Services of Humboldt and Santa Cruz Counties, California.

The present program is training professionals to perform a function for which there is great demand yet few competently trained individuals. It is distinctive in that, as opposed to the traditional clinical researcher, the program evaluator must be guided primarily by practical concerns and his research results must be geared toward immediate application at several levels of decisionmaking regarding funding, administrative planning, and treatment emphasis. The program provides a unique combination of interdisciplinary academic preparation and field experience to train professionals for this specialty.

The project has had both local and national representation through field placement of students. The primary local placement agencies have been the Southwest Mental Health Center in Las Cruces and Beaumont General Hospital in El Paso. Students assigned to Southwest have, under supervision, evaluated an organizational and structural change as related to increase in size of the organization and assessed the efficacy of various workshops attended by professional personnel, introducing goal attainment scaling as a research tool. In addition, as an outgrowth of evaluation findings, efforts have been made to secure funds for a mobile mental health unit to service the rural communities of the county. Students assigned to Beaumont have helped build evaluation procedures into various treatment programs under the department of psychiatry; and research programs are being organized to investigate the role of emotional factors in adjustment to surgery and to study individual difference variables as they relate to the effectiveness of a rehabilitation program for mastectomy patients.

Regarding regional and national placements, one trainee is serving as an assessment consultant for the pupil personnel services division of the San Antonio independent school district. Her primary function is to develop evaluation procedures for the diagnostic learning centers serving the school district, with the ultimate goal being the enhancement of communication between teachers who make the referrals and counselors and other personnel who staff the learning center. The trainee who is interning at Fort Logan has been assigned to the alcoholism research unit, and his research has focused on demographic variables related to alcoholic first admissions and on developing an information retrieval system designed to aid clinicians in developing individual treatment plans on the basis of demographic predictor variables.

The two students interning in Pennsylvania are directly involved in the administrative aspects of evaluation at the county and, to some degree, the State level. Each student has been assigned to a separate county evaluation program under the direct supervision of the county administrator, and under the general supervision of a special consultant on mental health evaluation for the Commonwealth of Pennsylvania. The students' primary functions are to assist in delineating county-wide program objectives integrating funding source mandates with community needs and resources for their respective communities, and to develop evaluation schemes for individual programs. An affiliation has also been arranged for one of the students with the Family and Community Medicine Program at Lancaster General Hospital where he is developing a research project around investigating personality variables as predictors of the efficacy of a program designed to enhance the communication skills of physicians and other professionals at the hospital.

Four of the eight trainees presented research papers at the Rocky Mountain Educational Research Association meetings held in November of 1972 at New Mexico State University. Information about the program has been disseminated primarily through consultation visits and paper presentations. During the latter part of the program's first year, two staff members visited a number of mental health organizations in New Mexico, Texas, Colorado, and California. Institutions visited included six of the county mental health service organizations in California, Patton State Hospital in California, Fort Logan Mental Health Center and the Western Interstate Commission for Higher Education (WICHE) in Colorado, the University of New Mexico Medical School, and the University of Texas Medical School at San Antonio. The primary goal of these visits was to arrange for internship placements. However, as a byproduct, information was exchanged about our respective programs and detailed materials were obtained pertaining to the research programs, information systems, and data processing procedures employed at those institutions.

Dr. Paul Binner (Fort Logan MHC), Dr. Paul McCullough (WICHE), and Dr. Alexander Quenck (UNM Med. School) have served as consultants to our program and presented seminars on current issues in the mental health evaluation field. Dr. Binner's presentations centered on problems involved in developing systematized record-keeping and evaluation procedures in a mental health facility, and literature and data pertaining to the research program at Fort Logan have been a primary source of training materials for the present program. The seminar series will continue through the program's third year of operation.

Psychiatric Epidemiology

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MH–11105 1967–1970

This program trains students at a postdoctoral level in psychiatric epidemiology. It provides apprenticeship training (as distinguished from a degree-oriented program) for those persons who anticipate a research career in the epidemiology of mental disorders.

Since its beginning in 1967, 15 fellows have entered the training program. Three are currently in the training program. The program is in its sixth year of operation.

Fellows for the program come from diverse professional backgrounds including medicine, psychiatry, anthropology, sociology, psychology, human genetics, biostatistics, public health and related fields. They are selected from the following groups arranged in order of their selection: (1) Persons who have completed their doctoral degrees in any of the above fields and who desire supervised research experience; (2) Persons who are in mid-career and who have developed interests which require research training; and (3) Persons who have not formally secured the doctoral degree but who have completed all course and examination requirements. (Such persons generally have a dissertation requirement to meet.

Selection is by special arrangement between them and the thesis committee to which they are assigned when they are matriculated.)

The facilities which significantly cooperated with the training include the Columbia University School of Public Health and Administrative Medicine, Columbia University Department of Psychiatry, the New York State Department of Mental Hygiene, the Psychiatry Epidemiology Research Unit, the New York State Psychiatric Institute, the Biometrics Branch of the New York State Department of Mental Hygiene, Hudson River State Hospital, and Community Mental Health Center of Dutchess County.

Emphasis in the training program is primarily focused on first-hand research experience. However, trainees have an opportunity to enroll in university courses and seminars that claim their interest and that will contribute to their professional development. The program is tailored to the interests and professional needs of each trainee. In this apprenticeship training program the following skills as applied to psychiatric epidemiology are emphasized: psychiatric diagnosis, environmental classification, demographic analysis, interviewing, both focused and open-ended instrument construction and measurement, data collection and processing, data analyses and interpretation, research design, identifying gaps in epidemiological knowledge, and organization and administration.

Seven of the 15 fellows who have entered the program had their doctoral degrees when beginning the program and three earned theirs during the program. One is currently matriculating for his Ph.D. Of the 12 who have completed their training, eight are currently active in research, three are on faculties of universities and one is of unknown occupation.

This training program's special characteristic is that it emphasizes apprenticeship work roles rather than academic course work. It is based on the assumption that academic course work does not get translated into effective research activities when individuals do not have the opportunity to come in direct contact with research problems in progress. It takes more than thesis exercises to familiarize a new research worker with the issues which become apparent during the conduct of research. The teaching methods are therefore flexible and are tailored to the needs of fellows in the program at the time. It is noted that some subsequent addition can be made to the art of preparing research workers for the responsibility as independent investigators. Another feature of this is that it does not attempt to make each fellow comprehensively capable of being a good principal investigator but undertakes to sharpen the skills of specialists on a research team (statistics, psychology, social work, psychiatry, etc.) and gives a practical experience in interdisciplinary teamwork so that the fellow learns how to contribute specialized skills within the framework of an interdisciplinary project led by a principal investigator.

A reevaluation of the program's focus was recently made. It was concluded that the apprenticeship focus should be emphasized and formal course work confined to ad hoc courses for individual trainees, preferably in short-term full-time courses selected for their suitability regardless of location or sponsorship. In addition, it was recommended that the prior need for a doctoral degree should be de-emphasized and trainees who have terminated a relevant period of specialty training should be admitted whether or not they intend later to go on to a higher degree.

Training Program in Mental Health Statistics

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MH-10373 1966–1971

It is the objective of this training program to train biostatisticians who will be able to apply their statistical and epidemiological knowledge to the field of mental health. These persons are to be trained at a specified level of proficiency in mental health statistics which is to be assessed by (1) course grades; (2) a master's or doctoral examination in biostatistics, the specialized area of mental health statistics, and a minor area where appropriate; and (3) a mental health related research project which is done either during supervised field training or supervised statistical consulting.

The training program was started in 1967 and continued through 1971 under the support of grant MH-10373 from the National Institute of Mental Health. The program is continuing under grant MH-12602. As of August 1973, there will be 15 graduates from this program, 14 with master of science in public health degrees and one with a master of science degree. Two of the current students will be returning to the University of North Carolina next year in the master of science and the doctor of public health programs respectively. Of those receiving degrees, about half had previously been employed as mental health statisticians.

Training is under the direction of the Biostatistic Department of the University of North Carolina School of Public Health. Students in this training program also take courses in other departments in the School of Public Health, especially epidemiology and mental health. Also cooperating in the training program are several mental health agencies which have agreed to have mental health statistics student trainees in their agencies for the summer. Some of the cooperating agencies are Fort Logan Mental Health Center in Denver, Biometrics Research Division of the New York State Department of Mental Hygiene in New York, North Carolina Department of Mental Health in Raleigh, and the Epidemiological Field Station of the U.S. Department of Health, Education, and Welfare in Kansas City.

In addition to the regular biostatistics and related courses required for the master's and doctoral programs, four special courses have been developed for the mental health statistics programs. For the master's degree programs, two special courses of 3 semester hours each are offered. "Information Systems in Mental Health" includes material on statistical information systems, psychiatric diagnosis and classification, and statistical methods of classification. This course is taught jointly by faculty members from the departments of biostatistics and mental health. "Evaluation of Mental Health Programs" includes reviews of the literature on evaluation methodology and mental health program evaluation, and applications to ongoing mental health programs. Students in mental health, mental health statistics, and community psychiatry are enrolled in this course, and it is taught jointly by faculty members from the three departments. Two additional three-credit courses, "Advanced Topics in Mental Health Statistics," are offered for advanced master's and doctoral students. These courses will include the theory and application of time series analysis to mental health statistics problems, factor analysis, and cluster analysis.

The field training is done in a mental health agency under the supervision of a qualified mental health statistician. There are two main objectives of the field training. One is to teach the student how the statistical division of a mental health agency operates, what it does, how it relates to the other components of the organization, etc. The other objective is to give the student guidance and experience in conducting a small research project. This includes definition of the problem, collection and analysis of data, and preparation of a written report.

Master's-level graduates in mental health statistics are expected to function mainly as statistical or program analysts, while graduates of the doctoral programs are expected to function primarily as mental health statistical consultants and research statisticians.

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[1] For current information on the program, contact Dr. Bernard Greenberg, Dean, School of Public Health, at the University of North Carolina.

The unique feature of this training program is that it is the only university-based training program in the United States specifically designed to prepare statisticians to work in the field of mental health.

Of the 15 students who enrolled in the program prior to 1972, 12 received the M.S.P.H. degree, two did not graduate because they did not complete their coursework, and one is currently enrolled as a second year M.S. student. Of the 14 former trainees who have left the university, nine are currently employed as mental health statisticians, the other five are employed in other aspects of public health statistics and administration. Positions held by former trainees include director of a division of statistics in a State department of mental health, statistical and research consultant with a State department of mental health, statistician with NIMH, statistical consultant with a mental retardation facility, and research associate with an epidemiological field station of the U.S. Department of Health, Education, and Welfare. Two graduates have later served as field counselors with the program.

A complete report of the first 5 years of this training program, "An Educational Program in Mental Health Statistics," by D. R. Brogan and B. G. Greenberg, has been published in the February, 1973, issue of the *Community Mental Health Journal.*

Epidemiology Institute for Mental Health Statisticians

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**MH-9471 1964–1965

This project was for the purpose of providing a 2-week training institute for personnel dealing with mental health statistics in the 16 States of the Southern Regional Education Board area.

This institute, representing the fourth in an annual series, was concerned with the introduction of epidemiology as a technical area and the study of epidemiology as applied in the mental health field. The institute was a joint effort of the Departments of Mental Hygiene, Epidemiology and Chronic Disease of the School of Hygiene and Public Health, Johns Hopkins University.

The major objective was to review the techniques of statistics used in the interpresentation of disease distribution and behavioral patterning, that is, epidemiology with special reference to the epidemiology of mental illnesses and of human behavior and attitudes. Specific aims were to provide opportunity for the group to develop further competence in:

a. Basic epidemiological theory and practice in epidemiological analysis of data,

b. The use of epidemiological methods in relation to the mental diseases and syndromes,

c. The design of interview instruments and the coding and analysis of interview data,

d. The use of sociological material in the interpretation of disease distribution,

e. The use of routinely collected statistics in studying the epidemiology of the mental illnesses.

Training in Mental Health Electronic Data Processing

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**MH-9465 1962-1964

A 2-week institute was held in the summer of 1963 for the purpose of preparing mental health statisticians and other research personnel to utilize electronic data processing. The background of the 26 participants varied, with most having college degrees, several with the M.S., and one Ph.D. All had experience in mental health data processing and/or statistical services, and most were employed in programs located in States served by the Southern Regional Education Board.

Advanced Research Training in Behavioral Sciences

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MH-7457 1961-1973

The Center for Advanced Study in the Behavioral Sciences, located in the vicinity of Stanford University on a quiet, secluded hilltop convenient to major transportation facilities, is chartered in the State of California as a nonprofit organization devoted to education and research. It was founded by the Ford Foundation with the intent of strengthening work in the behavioral sciences. It conducts a residential postdoctoral fellowship program for scientists and scholars from this country and abroad who show promise or accomplishment as productive workers in their respective fields. Fellowships have been awarded in the following fields (in order of decreasing numerical representation): psychology, anthropology, sociology, political science, history, economics, philosophy, psychiatry-psychoanalyses, literature, law education, linguistics, certain specialties in biology, certain mathematical and statistical specialties, and certain areas of application. Since the Center began operation in 1954, the ages of Fellows at time of residence have ranged from 26 to 80, the median age being 41. About one Fellow in six has come from abroad. Approximately 50 fellowships are awarded each year.

The fellowship award implies a period of residence in the vicinity of the Center, normally beginning in September and extending from 7 to 12 months. Aspects of the fellowships that seem to be most significant to the Fellows include the following:

1. The opportunity to devote an extended period of time to further personnel development at an advanced level, free from normal routines and from the responsibilities of the home campus;
2. The stimulating company of other leading scientists and scholars;
3. Freedom to set one's own schedule and direct one's own activity;
4. Secretarial, library, research, editorial, and some instructional services, and access to calculating, computing, and duplicating facilities;
5. The guarantee of financial support at a level that protects the Fellow from serious financial sacrifice and enables him to bring his family along for the year;
6. The agreeable year-round physical environment for the work of the Fellow, and the congenial community environment for the Fellow's family.

The Center is not organized to facilitate the collection or production of new data. Activities normally engaged in by the Fellows include the following:

1. Reading, study, and reflection;
2. Analysis of data, writing, and rewriting;
3. Participation in formal or informal learning activities;
4. Participation in seminars or workgroups;
5. Intensive collaboration with one or more other Fellows.

The general objective of the Center program is to increase the competence of behavioral scientists who are already at an advanced level. This training objective is linked to and in part accomplished through another objective—the production of scholarly and scientific works. The rationale for the creation of the Center placed more emphasis upon the first objective; the motivation of Fellows at the Center appears to place more emphasis upon the second. In the judgment of the founders of the Center there was need in the American academic community for such a special environment to which selected university faculty members could come on leave of absence from their home institutions for a substantial period of advanced growth and development.

How well have the objectives been achieved? Hard facts are available concerning the numbers of Fellows accommodated in different fields, and some impressive data are at hand concerning work accomplished here. In 16 years, the Center has provided fellowships to 847 different individuals, including 157 in psychology, 103 in sociology, 97 in anthropology, and 37 in psychiatry and related specialties. The Ralph W. Tyler Collection, consisting of books produced completely or substantially as a result of their authors' period of residence at the Center, still incomplete, includes more than 550 bound volumes, among them many of the most impressive titles in their fields of the past two decades. No count of shorter writings is available, but they are voluminous.

Evidence of accomplishment of the primary objective, increased competence of the Fellows, is of a different sort. By and large the most conspicuous evidence is the testimony of the Fellows themselves. Discounting this evidence somewhat on the ground that one would expect beneficiaries to be grateful, one is still left with the impression that although some Fellows have missed some structure, some instruction, or some colleagues of just the kind anticipated, for the preponderant majority the experience has been vastly satisfying and profitable.

16

ENVIRONMENTAL DESIGN AND ARCHITECTURE PERSONNEL

Social and Behavioral Factors in Architectural and Environmental Design

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MH–12122 1970–1974

The objectives of the program are to train architects to be sensitive to the social and behavioral implications of their design, and to train behavioral and social scientists in the methodology and requirements of architects and other environmental designers. It is hoped that a program which brings together the skills and concerns of the physical designers with the perception of the behavioral and social scientists could begin to develop an integrated theory of the relationship of human behavior to the physical environment.

The program had several themes and biases: Design is a totality of many systems—physical, social and personal; there is no single best environment—differences in age, income, sex, cultural background, and mode of life require great diversity in physical settings; translation of design into physical reality is a complex process with rational and irrational aspects which must be understood; and participation of users must be a continuing process and is critical to the achievement of satisfaction from any environment.

The first trainees were accepted in July 1971. Eight students were supported by the grant and five others were supported through other sources as teaching assistants, evaluators, interns, interviewers and bibliographers on the courses under development. In awarding the trainee stipends, great effort was made to support persons from diverse ethnic backgrounds as well as diverse disciplinary backgrounds. Two of the students supported by the grant are black, one is a Mexican-American, two are women. Their masters' degrees are in such disciplines as social welfare, education, architecture, city planning and psychology. Of the students who receive some support from the grant, four have passed their qualifying examinations and are engaged in thesis preparation.

The resources of the entire community have been used for the program. Our students have participated in the medical school, in the new health sciences program in the departments of psychology and sociology. Videotape has produced some very significant techniques and insights as a means of studying human behavior in the environment. The work has produced some interesting insights into schizophrenic environments, the behavior and use of the environment by the aged, and the behavior of young children.

Practically every environmental design department is incorporating persons trained in the so-called behavioral aspects of design into their staffs. In addition, consulting firms, architectural firms and mental health departments are requesting the services of our students in teaching, evaluating and programming new facilities.

The program is significant in that it is training a new type of professional who can function directly with architectural practice and planning as well as within social and physical planning agencies. It is also producing competent teachers and researchers for architectural and medical education in the behavior-related fields.

The program was the first Ph.D. interdisciplinary program in this country within a school of architecture. It is developing a new type of professional.

It is difficult to assess the project accomplishments on local, regional and national levels. It seems fair to say that persons associated with this program have been instrumental in working on a national level to try to influence housing and social policy for the aged. Testimony has been given at Senate hearings, national conferences have been called, and information disseminated which might have major national impact. Several major works have been produced or are in production, affecting hospitals, health centers, and mental health facilities. From the point of view of training institutions, several major architectural departments are including Ph.D. programs with emphasis on the social and behavioral aspects of design, modeled after this program. Persons brought into the program are being sought after by such diverse departments as physiology, epidemiology, medical schools, public health departments, religious seminaries, mental health programs, homes for the aged, and educational departments.

New directors of training programs are constantly requesting information. Very careful records have been kept of all courses given, student and faculty opinion, and social impacts of the work. These are being compiled into a series of books which are and will be available for use by other institutions.

There have been no graduates from the program as yet. Faculty members and students have been engaged in consulting and evaluation work, consulting on educational facilities, social policy for the aged, neighborhood health centers, airports, community organization, and housing.

Several readers and books have been compiled for courses developed under this program. These include readers on aging, on group process and design, and neighborhood health facilities. Photographic exhibits and videotapes have been developed which will be sent around the country. Both students and faculty of the program give papers at conferences all over the world. Program representatives have probably had more papers presented at EDRA than any other educational institution. Students and faculty have spoken at meetings in Puerto Rico, Ireland, Spain and Mexico, on such diverse subjects as the interconnection of the environment on the elderly, alcoholism, mental health, education, schizophrenia, and stress.

The only findings to date which affect manpower utilization are some studies and insights in the role of participation in mental well-being and satisfaction, which implies a different set of measures for effectiveness.

This program has had an enormous effect on the overall training in the institution. Unfortunately, with termination of the grant, many of the resources provided by the grant, which enriched the entire institution, will end. A new member of the faculty, a sociologist, was brought in by the training program, and has become a permanent faculty member. It is difficult to project what can be carried out after the training grant is over. There is no doubt that just the existing faculty will have an altered approach due to the impact of the training program.

Students and faculty supported by the program have been studying social and environmental issues, local manpower and service delivery systems. The results of their studies are given to these agencies. It is too early to assess whether any impact has been made.

B.A. Program in Population Dynamics and Community Mental Health

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**MH–13392 1973–1977

A 4-year training program in population dynamics for minority and economically disadvantaged undergraduate students will be initiated. The students will be selected from a wide array of minority and, in some cases, very economically disadvantaged young people in the Denver metropolitan area who will be trained to become credentialled (B.A.) health generalists with an emphasis in population studies. This is to be achieved through a broad interdisciplinary, 4-year curriculum in "population dynamics" supplemented by a first summer remedial/orientation program and three summer internships in local health-related community agencies such as neighborhood health centers, drug programs, family planning, health administration planning, community action, etc.

The training program is projected to generate an understanding of the broad societal bases (population density, migration, spacial arrangements) of some relatively specific social problems (mental illness, family disintegration, etc.) and an understanding through the summer field placements of the formal and informal social mechanisms by which community education on these problems and relief from them can be achieved.

In the selection of trainees focus is on ethnic minorities, especially Chicano and black, who have demonstrated some leadership qualities in their respective communities but who, for reasons of poverty, etc., would not ordinarily have attended college. The formal and experimental training program is intended to build on the leadership strengths already discovered among the trainees. It is expected that the trainees will return to the areas from which they came and make their knowledge, experience, leadership and credentialled legitimacy available to the poor to improve the social, economic, and mental health conditions of the minority and disadvantaged communities through emphasis on action-oriented programs at the local level.

The program features continued counselling services, tutorial services, and new and innovative teaching methods for the minority and disadvantaged student. Specific objectives include training with emphasis on action programs in the area of population dynamics, to provide local communities with a cadre of leadership personnel for programs; providing skills and internship experiences to allow minority and disadvantaged persons to enter an ever-expanding field of employment; narrowing the gap between the minorities and policy makers; alleviating the "people problems" and mental health problems which are perpetuated by excessive population growth, excessive migrations, and congestion of people in their spatial arrangements; and providing a model program which could be replicated elsewhere. It is an attempt on the part of the University of Colorado (Denver Center) to expand and experiment with its curriculum and to develop a deeper relationship with the city itself.

The program will be located at the University of Colorado Denver Center. Located in the downtown area of the Denver Metropolitan Area, this site offers accessibility to the numerous minority and disadvantaged groups within the metropolitan area, both for obtaining trainees and for community participation and input into the program. The location is easily reached by public transportation. This location has easy access to numerous agencies, community and regional planning groups, government offices, clinics, and other facilities which will host the trainees during summer internship phases.

Architecture/Social Work Training

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MH-12935 1972-1977

The objective of this program is to educate advocates for a better physical environment, on the assumption that a better physical environment contributes to better mental health. Specifically, the goals are: (1) to educate architecture students to a better understanding of and response to the needs and aspirations of consumer groups so they are capable of proposing and providing alternative solutions that contribute to the better health of community residents. The trust and confidence consumer groups feel when working with professionals of their own ethnic backgrounds or with professionals who are sympathetic and understanding of their needs will contribute positively to their mental health. Architects who have been given the insights and skills of social workers, ranging from theories of family and community organizations to active work with consumers, will have an increased capability to provide better solutions to physical, environmental needs; (2) to provide opportunities for social work students, who are increasingly drawn from lower socioeconomic groups and ethnic minorities, to appreciate and recognize potential contributions of architects and their designs for the physical environment to the mental health of the consumers of architects' services.

This program is intended for graduate students at the School of Architecture who will be working toward two degrees, a master of architecture and a master of social work. All these architecture students will already hold a bachelor's degree with a major in architecture, social work, or other field relevant to the intent of the program. A student will complete the program in 2½ years. Students have to apply to and be accepted by both schools. A committee from both schools reviews all applications.

During the first year of the program, just completed, there have been five full-time students, four of whom have had NIMH support. Six students, two with NIMH support, have been accepted into the program for fall 1973.

A recruitment tour of 12 schools of architecture, which included four black schools of architecture, was taken by the director of the combined program in November 1972 to disseminate information about the program. Priority is given to disadvantaged students and to those who have indicated a special concern with people and with the physical environment as it affects and is affected by behavioral, psychological, and social characteristics of people. Of the six students receiving NIMH support (four are in the program now and two begin in the fall 1973) two are black males, two are women and two are white males. Women and blacks in the field of architecture are greatly underrepresented, and consideration was given this fact in the selection of students to receive NIMH support.

Academic course work and field work are the two major components of the training project. The field work, particularly, is an important first experience in handling the coalescence of social needs and physical design which is the major thrust of the combined program. In the formulation of this project, the student draws from many sources—course work, faculty advice and experience, contacts with community leaders, and the views and experience of outside professionals. The attempt is made to draw all these sources together in the early part of a student's training so that the formulation and subsequent work on his practicum has the greatest chance of success.

Most of the course work is drawn from the curricula of the schools of architecture and social work but some important courses are taken outside these schools in such areas as urban law and economics. One of the academic benefits of the program as expressed by a number of faculty in the school of social work has been the infusion of physical design issues into their courses. The architecture students bring with them to the social work courses a predisposition to think and express themselves visually and three dimensionally and have, hence, contributed a new element to the course work. The converse is also true as more students in social work, enrolling in courses open to them in the school of architecture, bring with them a predisposition to interpret issues raised in class in terms of social needs and implications.

An important supplement to the Washington University courses this first year, which will continue at a reduced level in subsequent years, is the use of various outside professionals on a consultant basis who have practical or theoretical expertise relevant to the program. This past year seminars, papers and discussion sessions were held on the evolving patterns of advocacy work among lower-income groups and some of the role perceptions and communication problems encountered; conceptual research models within which the mutual effects of man and physical environment can be understood and analyzed and used to evolve a strategy for social change; the special needs of "populations at risk" emphasizing the environmental needs of the aged and ways of becoming more sensitized to and skilled at determining needs of vulnerable groups; the dynamics of welfare housing and the roles of Government, real estate and welfare recipient in the area of housing for low income persons; description of a series of neighborhood organizations which were formed for the prime purpose of constructing communal recreational and meeting facilities and the important further role of these organizations in creating social cohesion; an analysis of efforts to establish "cultural specifications" to set performance standards and guide design decisions for large scale urban projects; two different views of The Woodlawn Organization in Chicago, its past history and present role in the community, successes and shortcomings; Princeton University's Community Design Center and its experiences in participatory design decision-making through its work with various communities in New Jersey, particularly the evolution of a systematic way for the architect/social planner to elicit and codify design parameters from individuals in the community and use these parameters in making design decisions.

The experiences of these various outside professionals were inputs for establishing possible role models for graduates of the combined program and are valuable in helping students to formulate practicum projects. Although the experiences were varied, all were centrally concerned with the relationship between social programs and needs and physical design. It is this interface which is the major focus of the combined program.

In addition to the above, existing contacts have been strengthened and new contacts have been made with several community organizations within the St. Louis area. The five students in the program are still formulating and are not yet very far into their field work; the collective views of the above group and St. Louis organizations have been instrumental in formulating their practicum projects.

While there are no graduates of the program, there has been keen interest and cooperation from the faculties of the two schools beyond those directly involved in the program. There has been interest from many other academic institutions, from prospective students and from related professionals. A file is being developed of employment opportunities for graduates although it will be 1½ years before the first group finishes.

The staff's impression is that there has been through this program increased understanding and communication among persons concerned with both physical and social variables.

Training Program in Urban and Human Development

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MH–13152 1971–1973

The purpose of the Community Environmental Management (CEM) Project was to create and to field test, in conjunction with the communities of Escondido and Calexico, California, and Mexicali, Baja California, Mexico, a prototype training program for preparing graduate level practitioners in the area of comprehensive community environmental management in urban growth centers. In addition to providing a university-based training model for other colleges, universities, educational institutions, and communities throughout the United States, the CEM Project was designed to prepare 20 new professional careerists or generalists in community environmental management. At the end of the 12-month period involving academic training, related field work and applied community research, the CEM Fellows were eligible to receive a master of arts degree in social science with a specialization in urban development. The research activities depended upon mutually agreeable tasks between agency/organization and CEM Fellow.

The CEM Project was established as a 2-year training model and community environmental management program. The pilot phase of the Project was conducted during the period September 1, 1971 through June 30, 1973.

The major goals of the CEM Project are:

1. To create, field-test, and document an integrated prototype for training, research and project management.
2. To prepare community environmental management practitioners with skills in organizing physical and human resources, planning and decisionmaking.
3. To offer a master of arts degree in social science with a specialization in urban development.

The fellows included 6 women and 14 men; with respect to ethnic background, the group includes white, black, brown, native American, and Oriental persons.

The median age was 30, with an age range from 21 to 45. Participants varied in work experience (taxi driver, real estate, community workers, teacher, manpower specialist, counselor, model cities planner, community volunteer, etc.) and in academic background (education, child development, sociology, social science, etc.).

Recruitment was through inner-city human service centers, regional organizations and agencies, community leaders, government officials, newspaper and brochure announcements.

Project activities in the California and Baja California communities received the approval of city government. A significant working relationship was created with a cross-section of the communities through policymaking boards. In the case of Mexicali, Baja California, Mexico, approval was given by the State Governor and other key government officials. The regional policymaking advisory boards assisted in recruitment and selection of Fellows, provided entree into the community, recommended research topics for theses, and participated in creating the university-community prototype for training practitioners in community environmental management.

The region of Mexicali, Baja California and Calexico, California is a bi-national border region with populations of 443,883 for Mexicali and 11,300 for Calexico. A high degree of socioeconomic interdependence exists between these cities. The extensive Calexico business center is supported by the purchasing power of the Mexicali residents. The region of Escondido, California is an emerging population center of 44,550 and the largest community in the northern region of San Diego County. Once characterized as being an agriculture center, Escondido industry is beginning to diversify with new communities building about its fringes.

In staffing the project, great emphasis was placed on the collaborative process. The nucleus project staff provided program coordination for the research, field/course training, community advisory board and individualized skill development activities of the Fellows.

The academic and field work components of the CEM training program are a combination of theory and practice. The prescribed course work consisted of four academic quarters of interdisciplinary study in the social and behaviorial sciences. The thesis and related field work involved applied research as well as community service and was based upon mutually agreed-upon agency tasks. Baseline data were collected as part of the urban research methods course and provided the Fellows with a holistic view of two differing communities.

The team teaching approach was used. The training program was taught by a nucleus staff, faculty resources in the University, and agency practitioners. Efforts were made to provide several academic disciplines in the teaching of a course. For example, an anthropologist with specialization in community development, a practitioner in urban planning, and a human behavior specialist participated in teaching rural and urban developments. The courses in ecological systems and environmental health planning were taught by highly credentialed regional practitioners and specialists in environmental planning and management.

The prototype will be published and available by June 20, 1973. It will include an introduction and rationale, as well as statements of the purpose, goals, program, and objectives for each component: University, community, project management, research and training.

Among the key accomplishments of the project are:

1. Creation of a prototype for the training of practitioners in Community Environmental Management.
2. Creation of a model training curriculum for University-based training of professionals in Community Environmental Management.
3. A National Conference on Regional Environmental Management cosponsored with San Diego County.
4. Continuous participation by binational leadership from the public and private sectors of Mexico and United States on CEM Project.
5. Participation in a National Science Foundation Research Project involving the San Diego County Integrated Regional Environmental Management Program and Regional University Consortium and conduct of a study on decisionmaking and regional environmental management.
6. Participation in the goal setting of the Urban Eco-system Project of the Institute of Ecology, held in Austin, Texas.
7. Provision of technical assistance to the Southwest Human Ecology Center's Mexican Border Project with special reference to work in Calexico, California.
8. Appointment of nucleus staff members to the Housing Advisory Board and the Quality of Life Board's Science Resource Panel, City of San Diego.
9. Participation in the Community Congress of Escondido sponsored by the local Chamber of Commerce.
10. Staff contribution to the development of the job description for environmental management specialist for County of San Diego and in the selection of civil service candidates for positions as environmental management specialist, citizen planning advisor and county planning director.

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COMMUNITY AGENCY PERSONNEL

Training Labor-Management Staff for Mental Health Care

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MH-12967 1972–1976

The intent of this project is to increase the effectiveness of the functional community of work as it seeks to help its constituents and their dependents cope with personal and emotional problems including the special problem of alcoholism which tends to have a unique impact within the world of work. Like the Army, the school, or the neighborhood, the functional community of work becomes an appropriate arena for training in casefinding, referral, and, at times, the delivery of mental health and related services. The goals of such an experimental training program have been:

1. To improve the skills of foremen, union counselors, shop stewards, and others whose job, formally or informally, brings them in contact with mental health problems (e.g., casefinding, referral and supportive help on the job).
2. To establish better working relationships among representatives of the existing mechanisms within the world of work such as health centers, welfare and pension funds and personnel departments which are called on to service mental health problems.
3. To develop linkages which will lead to more effective collaboration between representatives of the world of work and those from community mental health facilities and social agencies.

Union and management representatives, 10 to 15 at a time, are convened for six to eight sessions as a core training group to exchange experiences and identify new ways of dealing with the demands made on them which are related to mental health and other personal needs of the labor force. These representatives are selected by the institutions from which they come so that they truly represent those organizations and can, in turn, feed back training content to their own settings.

Since this training program was initiated in July 1972, 60 trainees have completed a six-session training series. Trainees have been representatives from key segments of organized labor in New York City and have included shop stewards, union counselors, staff representatives (business agents), elected officers, and appointed officials. Unions participating have included those representing workers in both the public and private sectors. The typical trainee is a skilled or semiskilled craftsman with a high school education, well motivated, active in union affairs and eager to explore the help-giving dimension of his work with other union members. The cooperation of the New York City Central Labor Council and of the largest single labor union in the City (District Council 37, AFSCME) has been pivotal to the success of this venture.

Two second-year graduate social work students have participated in several aspects of the training program and many experiences of the program are being incorporated in the design of a new course, "Social Services, Social Policy and The World of Work," which will be offered by the project director in the fall to master's and doctoral students. In addition, the chairperson of the casework sequence has taken part in a training program as participant/observer with the goal of helping to feed back training experiences and case material into the ongoing educational program.

The uniqueness of this project is its focus on a new frontier for social work education and practice—the world of work. By training key representatives of that work world in the art of helping other workers in trouble, the opportunity is present to help labor and management strengthen their ability to serve better the mental health needs of their own constituencies.

The response from the settings in which training has been offered during its first year has been extremely favorable—witnessed by requests in all instances for more training programs in the year ahead. In addition, several pivotal mental health agencies in New York City have expressed an interest in becoming involved in the training effort and making some resources available for program support. Serving as middle-men, project staff have begun to connect labor and management with community mental health as an initial thrust in an overall linkage strategy.

Within the School of Social Work, this arena of study and practice has been designated one of the core areas which master's degree students may select for their second-year concentration. The faculty of several other schools also have expressed an interest in learning about this training effort with a view toward directing more of their manpower and resources toward servicing the mental health needs of persons in the world of work.

While it is still early in the training experience, the organizations where training has been conducted clearly have begun in modest ways to place the "helping function" higher on the list of institutional priorities. Members who have completed training have been awarded certificates, been hosted at ceremonies by the organizational leadership, and have been favorably mentioned in flyers and in articles in the union newspaper.

Upon completion of the training, graduates are expected to return to their present jobs, but with an increased awareness of the effects of personal and emotional problems on their fellow workers and a greater interest in and ability to perform the helping function. The goal is not to make a career change, for example, for the union shop steward, but rather to help him initially become more sensitive to the helpgiving dimension of his present job and ultimately more effective in servicing the actual mental health needs of his fellow workers. The goals are to help the shop steward (a) identify a worker in trouble, (b) win his trust, (c) successfully refer him to a helpgiving resource in the union or in the community, and (d) maintain the worker's job while he is receiving mental health services.

Information on the program has been disseminated through graduate course content, policy-research studies conducted by the NIMH-supported graduate students, union flyers and newspaper articles, consultation visits with several other schools of social work, and papers delivered by the project director at the annual meetings of the Council on Social Work Education and the National Conference on Social Welfare. Moreover, considerable interest in the project has been expressed by key mental health agencies in New York City as evidenced by invitations to address their staffs in the months ahead.

In summary, the principal thrust of the first year of program activity has been:

1. To enhance the attention, activity and resources which organizations in the world of work direct toward their involvement with and commitment to servicing workers with emotional problems. This objective has been pursued through (a) ongoing technical assistance, training, and consultation to several unions, and (b) similar technical assistance to and linkages with community mental health organizations.
2. To increase the range of skills of labor, management, and community agency representatives in dealing with the personal and emotional problems of workers.
3. To test and refine models capable of achieving the above and therefore adaptable for replication in other settings.

Training for Community-Based Mental Health Services

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MH–12757 1971–1976

The Community Social Services (CSS) program provides training in mental health, community organization, and allied academic fields to paraprofessional staff members currently employed by existing social welfare agencies, community-based service programs or drug and alcohol rehabilitation projects. It provides academic credentials to front-line service providers in an area where a continuing shortage of professionally trained manpower exists, broadens their knowledge base, improves their skills, and builds up their confidence to produce greater effectiveness.

The program began in August of 1971. An Associate of Arts degree is awarded upon completion of 66 semester hours and a technical certificate is awarded after 33 semester hours.

Currently 92 students are enrolled. Over 90 percent are Indians and Chicanos. Most are high school graduates, some have taken some prior college work, but some have as little as 3 years of formal education.

Originally the training focused on Santa Fe's Model Neighborhood Area, but only one-half of the participants work in Santa Fe. The others come from the Spanish speaking communities of north-central New Mexico or the area's Indian pueblos.

Over 20 different programs, agencies, centers or projects employ CSS trainees and they are all "cooperating facilities." The program uses on-the-job experience at these facilities as the core of its curriculum. Among the community groups involved are COPAS, Inc. of Santa Fe; Truchas Project Porvenir; Penasco Health Committee; 8 Northern Pueblos CAP's; La Clinica de la Gente and El Vicio in Santa Fe; Home, Education Livelihood Program (HERD) and Outreach, Inc.

The curriculum is highly flexible. Small-group discussions form the basic teaching approach with but little reliance on written assignments and readings. Effort is made to keep the training as practical as possible. Classes are often held in remote rural areas such as Penasco, Mora, Truchas, Santa Clara Pueblo and Taos, with only a minimum of six students needed to offer a course. Most courses fit the semester pattern, but others last varying lengths of time or are offered as workshops.

CSS trainees are already full-time employees of some agency or project. However, the recent cuts in social service funding have left many without solid job prospects for the future.

The staff is working with State government officials to develop career ladders for A.A. degree recipients, but local government and private agencies at the present time do not have the resources or the commitment to hire many trainees.

Possibly the program's greatest significance is that it builds on the cultural strengths of the trainee in the region where most previous mental health and social services programs have not been sensitive to this issue. The response of the minority communities has been positive while even public agencies have grown aware of the dangers of using the provision of social services as a tool for cultural domination.

Most of the program's impact has been in conserving and strengthening existing services rather than stimulating new ones. However, spin-off workshops, conferences and training programs on issues of local concern such as "Working with Soft Drug Users," "Police Community Relations," "Folk Medicine in northern New Mexico," have thrust the college into a new role as social change agents. The State Health and Social Services Department now uses the program to train home health aides, while Presbyterian Medical Services has a training program for their community outreach staff through CSS.

Since the program will not graduate any students until the summer of 1973, it is too early to study alumni. However, the State's Public Service Careers program has already promoted some of the trainees even before graduation to supervisory and administrative positions.

CSS has developed training materials particularly suited to the minority cultures upon whom it focuses. Role playing, discussion techniques, and classroom simulation materials are geared to the experience-oriented learning of the students. Videotape equipment now available will be used in courses on supervision, working in groups and interviewing.

Information about the program has been spread through the staff's participation in conferences and training sessions around the country, particularly those dealing with social work and mental health programs for Chicanos and Indians. All three CSS staff members are active in both professional and minority group organizations. Their contacts through these linkages have been beneficial to the program.

CSS's plans for financial support after the termination of grant support center on the success the program has achieved which will hopefully result in negotiating with existing agencies to fund the kinds of training that have been initiated. The college has verbally committed itself to maintaining the level of effort insofar as staff is concerned, but financing students' tuition costs will be up to the employing agencies.

The program staff has negotiated successfully with several key manpower and social-service delivery systems personnel, including the State Health and Social Services and the State Hospitals and Institutions Departments, Presbyterian Medical Services, the National Indian Training Center and the Public Service Careers Program. The usual arrangement involves a contract for specified mental health or community organization training for an agreed-upon figure and usually for college credit.

The uniqueness of the CSS program lies in its sparking to life a potential for mental health training that had not even been considered seriously. Staff are reaching into areas where no previous college program was available, training persons who have little in common with the usual college student's profile to do things and to function in roles previously inaccessible to them.

Mental Health Training Program for Community Workers

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MH-10285 1965-1969

The Department of Psychiatry of Temple University Health Sciences Center provided a training program over a 4-year period (1965-1969) for over 200 persons from agencies in Philadelphia. The objectives of the program were (1) to enhance the trainee's understanding of mental health concepts and principles, (2) to sensitize trainees to sociocultural as well as psychological issues relevant to their clients, (3) to develop a clear, well-defined curriculum which could be used elsewhere and (4) to develop evaluative mechanisms which would permit an assessment of the effectiveness of the program.

A prerequisite for participation in the program was that trainees have no graduate degrees in either psychology or social work. The trainees' education ranged from high school to graduate school and they had a wide range of experience in the field. The training groups were heterogeneously composed with respect to agency representation, and were randomly assigned to the program with no selection factors involved. They came from nine agencies in Philadelphia which served persons primarily from the lower socioeconomic class. These agencies included The Board of Education of Philadelphia, Catholic Social Services, Opportunities Industrialization Center, Pennsylvania State Employment Service, Philadelphia County Board of Assistance, Philadelphia Department of Public Welfare, Philadelphia Department of Recreation, the Probation Office of Philadelphia, and the Board of Parole of Pennsylvania. All trainees had client contact in their jobs and participated in the program while maintaining full-time caseloads in their respective agencies. Three groups were trained, the first exposed to a 2-year program, and the second and third exposed to a 1-year program. The course content was basically the same for all, and each had approximately 25 sessions. Group I met twice monthly, Groups II and III met weekly. Completion rates are impressive; 67 percent completed Program I, 88 percent completed Program II, and 88 percent completed Program III. Most workers who did not complete the program had left their respective agencies and therefore left the program at the same time.

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[1] Dr. Felzer's present title at Temple is Associate Vice President for Planning & Evaluation, Health Sciences Center.

For evaluative purposes a control group was also required from each of the agencies involved so that an assessment of the effectiveness of the program could be determined. The following table presents the nature of involvement:

	Trainees	*Controls*
Group I	101	109
Group II	60	60
Group III	51	32
Total	212	201

The training was conducted on a lecture/discussion basis—a curriculum was defined consisting of sociological concepts (poverty, crime, illegitimacy, etc.); personality development, psychopathology; referral processes and treatment approaches. Group interaction and confrontation was a technique used and workers were encouraged to bring in their own cases whenever relevant to the topic under discussion. Free-wheeling discussions were encouraged and the staff challenged concepts and attitudes of students. The teaching staff included a psychiatrist, psychologist, and social worker with all three participating in all sessions—one being primarily responsible for the session as determined by knowledge of the subject under discussion. Sessions were of 1½ hours duration and groups were limited to 15 in size.

An indepth understanding of methods and approaches currently used in delivering human services was sought, with the major objective being that workers would be knowledgeable and sensitive to the problems and needs of their clients. It was thought that more understanding would lead to new and more effective ways of dealing with clients. The trainees functioned as case workers, counselors, probation officers, or recreation workers in their respective agencies and the content covered was meant to be related to these particular job responsibilities.

At the conclusion of the training the graduates of the program had a broadened view of psychological and sociological aspects of their clients. Exposure was gained in areas of new mental health concepts and approaches; new professionals and programs; and to ways of more effectively dealing with their clients.

The study accomplished the following: (1) Over 200 trainees were exposed to new concepts and new attitudes; (2) nine significant agencies were involved in training activities not previously available; and they have been further stimulated to think in terms of additional training for their workers; (3) a training manual with a clearly established curriculum was developed which is applicable to the training of a variety of professionals and nonprofessionals; and (4) experience with a variety of research instruments was reported and can now be adapted to local situations.

The faculty, students, agency supervisors and directors all felt the program had positive impact, and many testimonials were given indicating clear behavioral or performance changes on the part of the participants. However, the scores of the training and control groups differed but little on the various objective measures, and questions have been raised about the appropriateness and sensitivity of these measures.

The effort presented here was enthusiastically accepted by the participating agencies and the significance of the program and its effectiveness was spread through the University, its surrounding community and through those communities served by the various agencies via the workers. The results of this study and the text of the study are referred to by both professionals and nonprofessionals in the field. This study has often been referred to as a precedent to the other studies being conducted by other agencies, institutions, etc. The results and effective approaches introduced by the study have been incorporated into various training attempts at the Mental Health Center of Temple University and most definitely have affected the programs of those agencies participating in the program. This program has had significant relationships with State, county, and local manpower service training systems by the very nature of the agencies participating, and queries are still made by such organizations concerning the study and its accomplishments.

A Training Program for Aftercare Workers

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MH–10282 1965–1967

The project attempted to identify persons concerned with and responsible for aftercare work in mental health and to upgrade their skills in carrying out aftercare in the 15 States of the South.

The project ran into difficulties when it became apparent that in no State of the region (or the Nation) has a clear designation been made of persons clearly responsible for aftercare. This is sometimes assumed by mental health centers, or by mental health clinics and occasionally by the mental hospital staffs. This depends mostly on individual interest and initiative.

When it became apparent that no overall network of training programs in aftercare was feasible because of the lack of firm statewide commitment to aftercare, the project was changed to one of consultation to those persons who were interested. Each State chose its consultant from a listing of experts. These experts then conducted workshops or consultation tours to interested persons in the individual States.

In all, perhaps 100 persons from the South were directly involved in conferences, workshops or consultation sessions of this project. Many of them extended their aftercare activities as a result. A few conducted subsequent training programs for persons in their own States.

Perhaps the most significant change was the insight that aftercare involves concern for the ex-patient's social, financial, spiritual and occupational adjustment as well as for his medical well-being. Aftercare is more than a "pilling station" operation which many persons had felt it to be.

In the past 6 years since the project ended there has been no organized activity in aftercare at the Southern Regional Education Board. However, it is apparent that throughout the region there are many more active aftercare programs especially in the community mental health programs than there were in 1967. The staff of the SREB continue to fill requests for copies of the project's two publications, "Aftercare" and "Coming Home" and have been asked to consult with aftercare programs and to lead workshops on aftercare. These requests have been met, and many letters of queries about aftercare have been answered.

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[1] Current information on this project can be obtained from Dr. Harold L. McPheeters at SREB.

Training of Mental Health Counselors in Isolated Communities

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***MH–10276 1965–1970

This Pilot Training Project (MA–10276) was undertaken in 1965 and concluded June 30, 1970. It follows the completion of an earlier 3-year demonstration project devoted to the same general program of bringing workshop training to a community's paraprofessional mental health counselors including ministers, public health nurses, caseworkers, school personnel, and others. The workshops have striven to increase the resources and skills of these paraprofessionals in order to open the way for a coordinated purposeful program for promoting mental health on a community-wide basis. To date, 1044 persons have participated in training.

Workshops have relied on a case study method entailing a standard method of collecting information about clients, a standard format of information analysis, and controlled discussion of case management issues. All cases studied and discussed have been those of participating trainees. Workshops meet in 2-hour sessions each week for 10 consecutive weeks in facilities provided by trainees in their home community. Number of trainees is usually limited to approximately 12 per workshop, and workshops normally keep the same instructor from beginning to end. Additional case consultation is provided trainees by phone or mail, and a 6 months followup session provides a check on trainees' continuing ability to employ the methods of information analysis and to perform case management decisions. Project evaluation includes employment of a research questionnaire 10 weeks before the start of workshop training, at the start of training, 10 weeks later at its completion, and at the 6 months followup session.

A most unique aspect of this project has been the effort to develop an instrument (the Personal Data Kit) widespread use of which would permit a community's professional and paraprofessional mental health workers to communicate readily about people experiencing emotional difficulty coping with problems of living and to do this sufficiently early so as to constitute a preventive as well as remedial force acting on behalf of community mental health.

The uniqueness of this project resides in its effort to implement a community network of mental health action with a gradient of responsibility flowing stepwise from paraprofessional to professional mental health worker. An assumed basis for both vertical and horizontal communication is provided by the common language of the Personal Data Kit, the standard format of information analysis, and the common approach to case management determination employed in all workshops.

The project has accomplished its purpose of bringing workshop training to a wide spectrum of paraprofessional mental health workers residing in small communities within a 100-mile radius of Columbus, Georgia, the project's center. Training has not interfered with the normal occupational activities of trainees, and has been more or less unanimously received by them as improving counseling and assessment skills. A few trainees have incorporated use of the Personal Data Kit into their normal work routine.

The evaluation efforts have provided reliable evidence of occupationally-related attitudes toward counseling and community action. In the aggregate, the findings strongly suggest that commonly shared attitudes and values weigh more in the fashioning of an effective community-wide program of mental health action than does the fact of a readily-at-hand communication medium such as the Personal Data Kit. Likely significant differences between critical attitudes and values of professional as against paraprofessional mental health workers renews debate over the advisability of putting major resources into the effort to deliver expanded professional services or into further efforts to fashion a community mental health force out of diverse occupational groups of paraprofessional counselors.

Continuing Education for Mental Health Personnel

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***MH–8338 1964–1966

This program involved the training exchange among the triad of hospitals, community agencies, and the universities. It aimed to set up permanent training bases at several of the universities within the area as continuing centers for education of the personnel in the mental health field. Also, it developed several continuation education centers within community agencies and hospitals.

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[1] Current information on the project can be obtained from Mr. Stanley Boucher at WICHE.

Training Community Agency Personnel

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***MH–8060 1963–1968

The objectives of the project were to make that aspect of psychoanalytic knowledge which pertains to a systematic theory of human behavior available to a broad spectrum of professionals whose work relates to behavior and motivation in human beings. In particular this refers to those whose daily work concerns education, assistance, counseling, therapy, and rehabilitation of other human beings. The Community Education Committee of the Los Angeles Psychoanalytic Society and Institute does not have as its objective the training of individuals in the science and art of psychoanalytic therapy but rather to incorporate the knowledge which has emerged from psychoanalytic learning and activity into the work which is done by these other professionals. In addition to this primary objective, it has been the expectation of the Community Education Committee that a rippling effect would take place in which more and more individuals of a professional stature would become aware of the availability of such knowledge and would in turn be receptive to it. Ultimately the most distant objective has been that of creating sufficient interest and desire among various agencies which would then hopefully set up programs of their own and ultimately invite faculty members to become part of their consultative and teaching staffs.

Fundamentally the programs depended upon lectures, seminars, combinations of lectures and workshops, individual or small group meetings of formal or informal discussion nature. The types of professionals involved included large groups of teachers and smaller groups of probation officers, lawyers, judges, and psychiatrists. It was decided to tackle various professions individually rather than to have a broad mixing in public, simply because it allowed for a greater specificity in demonstration and in teaching the usefulness and applicability of psychoanalytic knowledge to the specific fields without having to undertake a general training in psychoanalysis. It also enabled all the participants at each particular meeting to develop familiarity with the clinical application of the materials under discussion and to make far more pertinent the particular experience the individuals could bring to bear in the meeting since all the participants would have familiarity with such experiences. Some of the programs were interrupted and repeated and others were newly installed during the latter phases of the project. The courses on the average ran from four to 12 sessions (ordinarily about six to eight) and were composed varyingly of 1-day programs which reached much larger audiences on to the continuing four to 12 sessions which were mentioned above. The total number of registrants reached during the 5-year period of the pilot program was about 6,000.

For the most part the programs have been received satisfactorily by those participating in them. There is no question but that the programs relating to teachers, to psychiatrists, to social workers, and a particularly interesting program relating to law students have been satisfactory and have stimulated an awareness and knowledge of concepts which are most pertinent to their particular fields.

The work which has been conducted through the Community Education Committee has been the subject of a number of informal meetings with the directors of extension divisions of other psychoanalytic institutes throughout the country, particularly on the west coast. There have also been intense programmed discussions at meetings of the American Psychoanalytic Association with the leaders of extension divisions, or their representatives, discussing the programs of the various institutes. In addition, the members of the Los Angeles Psychoanalytic Society and Institute have undertaken an extensive inner discussion concerning the breadth and the depth of their participation in community activities. There is no question that the trend is toward increasing participation in the community by the practicing and teaching psychoanalysts.

Community Mental Health Training

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***MH-6409 1956–1957

The goal of this project was to explore designs for the preparation of psychologists and psychiatrists for work in the community area at the local, State, and regional levels. The curriculum had three phases: (1) Seminars on the function of groups; (2) practicum work in the psychiatric center and its associated general hospital; and (3) practicum work in the community at the local, State and regional levels. All trainees took courses in the departments of sociology and human relations. A community practicum included affiliation with a large number of local, State, and regional agencies with each trainee having active functions during placement.

18

SPECIALISTS IN MARRIAGE AND FAMILY COUNSELING

Training of Family Planning Workers in Sex Education

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MH-13085 1972-1974

This project provides training in human sexuality for 20 staff from eight Planned Parenthood affiliates serving various geographic areas. These people would become, in turn, trainers of their own staffs. The ultimate objective of the program is to make the acceptance and long-term usage of birth control more efficient. If contraceptive usage does become more efficient, many unwanted pregnancies will be prevented, which, in turn, will prevent much mental illness.

The training program has been in operation since July 1, 1972. Twenty trainees from Planned Parenthood affiliates have participated. All trainees are staff members; their backgrounds are diverse and represent nursing, health education, social work, and training. Most of the trainees are college graduates.

Training has been carried out principally by the staff of the Marriage Council and the Division of Family Study, components of the Department of Psychiatry, University of Pennsylvania School of Medicine. Consultants from the Margaret Sanger Research Bureau in New York City and Planned Parenthood of Southeastern Pennsylvania, have been utilized. The training program offers two 3-day workshops approximately 6 months apart with site visits taking place between the two workshops. The first workshop was held October 1-3, 1972 at the marriage council facilities in Philadelphia. This workshop dealt principally with attitudes toward human sexuality. Using a series of explicit films depicting the range of human sexual activity, trainees were encouraged to examine their own personal attitudes toward this range of sexual behavior. Approximately 45 minutes of film was followed by 1 hour of group discussion which, in turn, was followed by another 45 minutes of film. This intensive experience is felt to lead to desensitization. Subsequently, resensitization is allowed to happen and, finally, integration of the total experience is assisted. What occurs in fact is a major modification of attitudes toward sexual functioning.

Following this workshop, two staff members from Marriage Council visited the various affiliates for a 2-day site visit and consultation. The purpose of this consultation was to provide followup to the first workshop; to reinforce the learning experience which occurred during the workshop; to ascertain the impact on ongoing and proposed programs of the affiliate; and to assist the trainees and any other staff in solving any particular problems. The second workshop occurred May 1-3, 1973. After reviewing the accomplishments of the various trainees, the workshop dealt first with counseling as it occurred within the various affiliate programs. Focus then turned to sex education itself and, in particular, the methodology of education. Affective education was stressed and within that context, role playing, psychodrama, and the use of audiovisual materials were explored. The development of sex education programs within the context of family planning programs was detailed as well as the need to develop staff using group leadership.

All of the trainees are returning to their respective affiliates to carry on as staff who now have an increased role and responsibility as educators and trainers. In particular, they will be concentrating on the development of sex education programs as they relate to family planning programs. This training project is unique; training of family planning workers in sex education has not been undertaken before.

Every affiliate through its trainees has begun to utilize the training from the first workshop. The more important result of the first workshop has been staff development in human sexuality utilizing the film technique earlier described. While trainees have essentially returned to their previous staff positions, they have been given additional responsibility in training and education. There is every evidence that they will continue to upgrade their professional function. Certain trainees have already begun to act as consultants to other training programs of family planning centers or various community programs. While the films have been principally rented or purchased from the National Sex Forum in San Francisco, California, and while the SKAT test has been used to measure attitudes, various materials related to these are being developed by the trainees.

The consultation visits have been instrumental in encouraging a spread of information. In addition, presentation of papers to the annual meetings of the American Orthopsychiatric Association and the American Association of Planned Parenthood Physicians is being considered.

Indigenous Family Counselors

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MH-12762 1971–1974

The Institute of Family Counseling (IFC), Philadelphia Child Guidance Clinic, began in September 1969. Utilizing clinical experience in family therapy, a treatment model was developed—family counseling—around which to organize a training project for new careerists. Within the conceptual framework of a systems or ecological approach to mental health, this clinical role combines management of reality problems and family disorganization with restructuring of psychological systems. The objective was to demonstrate a way of training people from the community, people with no prior academic or professional experience, in such a way that they could be employed in the mental health field as qualified, autonomous practitioners, with vocational definition and clarity of role. The basic approach was to concentrate the training on the acquisition of skills related to this specific clinical function; to teach a "technology" of therapeutic interventions within a structured, inductive learning context.

With training rather than manpower objectives in mind, the number of trainees has been small in relation to faculty and supervisory time. In July 1971, the first class of eight, four men and four women, was graduated. In July 1973, a second class of nine was graduated; a third class of eight entered its second year of training in September 1973. Trainees are selected from an economically and educationally disadvantaged segment of the population, are black and Puerto Rican, have no more and sometimes less than a high school education, are between the ages of 25 and 45, and all must have had experience in "parenting" in families of their own. The selection process occurs through a series of interviews with different faculty members. In addition to obtaining relevant personal history, and some determination of the nature of the candidate's motivation in wanting to enter the program, the interviewer uses problem-solving exercises to help evaluate such things as flexibility, personal and interactional style, verbal skills and the like. Finally, faculty consensus is required for acceptance into the program.

Trainees spend 2 years, full-time, in training. The teaching is case-based and thus largely experiential rather than didactic; the emphasis is on problem-solving skills, how to interview families, and learning ways of helping families achieve desired change. Following a 2-week orientation which includes observation and simulation of family interviews, students begin to see families. Their work is monitored by "live" supervision. The faculty-supervision behind the one-way mirror consults actively with the student engaged in the interview while teaching the student peer group, all of whom are also observing the interview. The supervisor may call the student out of the interview and give suggestions or explicit instructions where necessary. In addition to this on-the-spot supervision-teaching, the faculty makes extensive use of videotapes to help students analyze their own work and to study family interaction. Simulated families and role-playing are used to improve interviewing skills, correct problem areas, and enhance the student's understanding of roles, rules and interaction within a family system. Since the learning relies heavily on case material, it is nonsequential. Seminars are used to organize the content as well as provide generic information in such areas as child development, psychiatric disorders, family life cycles, agency and community resources, home visits, etc. Students not only have "instant feedback" on their work through live supervision, but are constantly involved in a process of case discussion, analysis and criticism. Supervision is designed to be instructional and directive, rather than analytic, and supportive of goal and task performance.

In the second year of training students spend 3 days a week in field placements in six cooperating agencies and 2 days in continued training at the clinic. IFC faculty work closely with placement supervisors in a consultive and supportive role. Placement provides a work context in which the trainee can test out ways of relating his knowledge and utilizing or adapting his skills to an agency service structure. A weekly seminar uses the placement agency for case study of how service delivery systems affect practice and how, in turn, they can be mobilized in behalf of clients. Placements create a network of agencies whose involvement in the training process produces commitment to the development of the program and to employment opportunity for its graduates.

IFC graduates are currently employed in a model cities comprehensive family treatment center, a family service agency, a university-affiliated base-service unit, the outpatient psychiatric unit of a training hospital and as family counselors at the clinic. Two graduates became part of the IFC faculty where they have assumed both teaching and supervisory roles. Upgrading has occurred in each hiring agency; in the Model Cities Program the IFC graduate is involved in program development and community consultation; in the family service agency the graduate was hired at a professional entry level salary and is currently supervising an IFC trainee in placement there. Current graduates (July 1973) have all received job offers, some of which have come from out of State, all of which guarantee a career ladder. In the introduction of family practice by "new professionals" in both the field and employment placements, administrative reorganization and service redefinition have resulted.

Requests for inservice staff training based on the IFC model have come from both field and employing agencies. During the past year, two field placement agencies instituted family therapy training programs; an "alternate" school established a demonstration service unit based on the kind of service a trainee in placement had delivered to the school through his placement agency; a protective children's service being developed in Wilmington is seeking graduates for employment and help in training its new staff. Support for the program has also come from agencies offering financial support for trainees. A new counselling and referral center in Philadelphia has provided stipends for two current trainees who will return to the agency as staff. The WIN Program supplements both trainee stipends and salary during the first year of employment.

Negotiations with Antioch College have resulted in 2 years' accreditation in a baccalaureate degree program for IFC graduates, several of whom plan to enter. Staff have also been involved in working on the State level regarding civil service reclassifications.

The IFC program was presented at the annual meeting of the National Council on

Family Relations in Oregon, October 1972; at meetings of the Philadelphia Alliance of city-wide mental health and retardation agencies; at the National Training Conference in Family Therapy sponsored by the Clinic (November 1972); at the Groves Conference on Marriage and the Family (April 1972) and was presented at the annual AOA meetings in a 2-day institute in 1973.

The IFC training model has applicability beyond the area of family practice. Training structures, teaching and supervisory techniques, field placement procedures, career development strategies, etc., can be replicated in other training centers. In support of this, there are available teaching materials including both edited and nonedited videotapes, seminar transcripts, procedural outlines, interview schedules and two training films.

Consultants in Marital and Sexual Health

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MH-11695 1969–1974

The original training program comprised three major foci related to training in communication skills and to the integration of family, marriage, and human sexuality content into the medical school curriculum, all oriented to the broad objective of training medical students, physicians, and allied health personnel as consultants in marital and sexual health. The three foci were (1) basic behavioral sciences training of medical students in order to maximize the available manpower by increasing knowledge and skills for primary prevention and early detection of marital and sexual stress of medical patients before such stress reaches the crises or chronic stages; (2) the preparation of social scientists and medical school faculty as trainers in the area of marital and sexual health; and (3) the dissemination of basic training approaches, methodology, and curriculum content.

The primary emphasis has been on human sexuality. The initial training materials were developed during three summer institutes involving the participation and contributions of 56 people (28 M.D.s, 18 Ph.D.s and 10 medical students) who represented interested faculty and students from 29 different medical schools in the United States and two medical schools in Canada. The materials resulting from these institutes were contained in two publications: (1) More than 1,900 copies of a 54-page booklet, *Marriage, the Family, and Human Sexuality in Medical Education*, have been distributed by the Behavioral Sciences Center (BSC) on request of interested medical school faculty in the United States and abroad. (2) A 595-page book, *Human Sexuality in Medical Education and Practice*, was published in late December of 1968. Complimentary copies of this book were sent to each of the 56 participants in the summer institutes, and approximately 2,000 copies of the book have been sold by the publisher, Charles C Thomas.

In 1969 a three-semester behavioral sciences curriculum was introduced into the required medical school curriculum and involved some 90 hours of classroom time. The major components of the curriculum have been centered around (1) Patient Interviewing, (2) Death and Bereavement, (3) Human Problems and Community Resources, (4) Human Sexuality. Although the content elements have remained stable, in 1972 the emphasis shifted in the direction of less curriculum time for Human Problems and Community Resources and more time for Human Sexuality which is now being expanded into a 36-hour course on Sexual and Marital Health.

Within the medical center complex, the Departments of Psychiatry and Community Medicine, the Division of Allied Health, the School of Pastoral Care, and the Behavioral Sciences Center have cooperated both in the planning and implementation of the program. In addition, numerous individuals from the larger community have regularly participated as lecturers, panelists, and small group facilitators.

In the early years of the training program, it was decided to make the dissemination of content materials, training experiences, and training methods a continuous and ongoing process. Therefore, while developing and implementing the training program at Bowman Gray, the training materials being used and the cumulative experience of how to implement, expand, strengthen, or modify training in human sexuality were simultaneously disseminated. The "how to do it" experience obviously was not derived solely from the Bowman Gray program, but included considerable sharing of ideas among the personnel of many medical schools and medical societies requesting consultations, workshops, and lectures. Dissemination efforts during the first 4 years of the training program included on-site consultation visits with teaching faculty at 17 medical schools; service as faculty for 21 postgraduate-credit courses on human sexuality; service as faculty for four regional 3-day workshops attended by more than 100 faculty members from 47 different medical schools; conduct of half-day human sexuality seminars for house staff in 10 hospitals; conduct of human sexuality workshops (half to 3-day) for 16 medical societies in various States; presentation of papers at professional meetings; presentation of lectures on human sexuality for medical students at 12 medical schools; consultation during a 3-week conference in Geneva on "Human Sexuality Teaching in Medical Schools" sponsored by the World Health Organization and attended by representatives of 13 countries; production of six videotapes that are being distributed to other medical schools, and one 16-mm color film yet to be distributed; provision of materials and consultations on human sexuality programs upon requests and/or visits to the Behavioral Sciences Center for individual faculty from more than 20 medical schools and universities; and provision of lectures or workshops on human sexuality for students at 22 universities.

Human sexuality has now emerged as a viable medical school curriculum component. Only three medical schools had formal courses in sex information and counseling in 1964 (Bowman Gray, Pennsylvania, and Tulane), but by May of 1971 a survey conducted by the Center for the Study of Sex Education in Medicine (University of Pennsylvania) indicated that 46 medical schools had either separate or integrated courses in human sexuality. A current survey would undoubtedly reveal a much greater number of medical schools, as well as an increasing number of universities, professional societies, and community agencies that are now involved in teaching/training efforts in human sexuality.

To observe that teaching/training efforts in human sexuality are well underway is not to say the job is done, but it is to note that such efforts are gradually progressing beyond the experimental and special stage. As this occurs, equal training efforts and emphases must be developed in the area of marital health—an area in which sex is but one of many factors, and an area of training toward which the present program is moving in its final year.

Training In Conjoint Family Therapy

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***MH-10001 1962–1967

This program was designed to develop and demonstrate methods for training family therapists. The curriculum content and teaching methods were designed to enlarge the trainee's view of the problems involved, as well as develop skills for dealing with them. Teaching was at several levels of intensity. This summary focuses on the most advanced or intensive course.

The Mental Research Institute (MRI) began its first organized training program in 1959. After a year of support by the Louis W. and Maud Hill Family Foundation, the program was formalized, in September 1961, by a training grant from the National Institute of Mental Health. With large numbers, didactic teaching is possible, but teaching through direct experience (which is felt to be essential for thorough training) limits the number of individuals who can be involved. Therefore, this training experience was reserved for those most likely to have extensive opportunities to make direct use of it in their own psychotherapeutic practice, work contacts, teaching, consulting and supervision. Therefore, the size of classes was limited to eight, after experience with eight and 12 per class.

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[1] For current information on the project, contact Dr. Arthur M. Bodin at the Mental Research Institute.

Conjoint family therapy rests on theory but is expressed in technique. Often, the technique may not follow from the theory in an obvious fashion, so special attention must be paid to each. However, theory and technique can be meaningfully integrated so the trainee comes away with a sound repertoire of skills and a clear understanding of the ideas underlying those skills. Variety and flexibility characterized the course because of the involvement of many different teachers over the past years. The following teaching aids and techniques were used: (1) *Audiotapes.* All training sessions, didactic or otherwise, were taped for purpose of further study by the trainees. These tapes were used in a variety of ways, as a focus of their supervision, and to document an interaction, for correction of errors from information without implications of blame. (2) *Videotapes.* These are a more recent addition to the program. They offer all the features of the audiotape (except economy and inconspicuousness), and in addition, a wealth of nonverbal TV uses. Videotapes are useful both in training therapists, and as an adjunct in treatment by playback to families. (3) *Observation.* Facilities include two treatment rooms with adjoining observation rooms separated by one-way glass. In the intensive course, each trainee works with a family on a weekly basis, with sessions observed by his teacher and one other peer, his "team mate." Teacher demonstration interviews were also used. Regarding the family reaction, staff tries to communicate that "feedback" is a gift that reports about self, however critical, and can be used constructively by the recipient. (4) *Specific therapeutic or diagnostic maneuvers.* Certain procedures have emerged from the experience of the staff. In some cases these procedures have been formalized into interview outlines intended for the practicing therapist: (a) Contact interview(s)—during the first contact with a family, the therapist begins to teach some of the principles of functional family interaction. (b) Family history—a detailed documentation of the family's history, including information of the four grandparents and all siblings of the parents. (c) Structured interview—consisting of a number of tasks for the whole family or parts of the family to perform. (d) Home visits—used as a special kind of interview, involving special problems but offering special insights. (5) *Research programs.* Research activities of the MRI staff have special value to teachers emphasizing "teaching through process." (6) *Interactional techniques.* Interactions within the training group are used to illustrate the principles of family interaction taught, and this is the "teaching through process" referred to previously. (7) *Demonstrations.* Trainees are provided opportunity to observe at least two families in treatment, other than their own treatment family. Also, training group and treatment family are brought together for mutual feedback. (8) *Simulated families.* To clarify what it is like to be a member of different types of families, trainees play various roles in simulated family interviews. This procedure also provides insights into the preconception held by the trainees. (9) *Supervisory teams.* A male and female trainee are paired as a "team" for further training. (10) *Consultation.* Each trainee is assigned an individual consultant (an experienced family therapist).

Three preliminary courses were evolved to prepare trainees for the intensive program. For the 5-year grant period 1962–63 through 1966–67, the following numbers of trainees were enrolled in each course: 44 Intensive, 42 Advanced, 208 Intermediate, 365 Survey, for a total of 659 course enrollments.

Major considerations for selection were estimated competence and motivation to family therapy. Intensive trainees were evenly divided between male and female. There were 14 psychiatrists, 13 psychologists, nine social workers, three nurses, two pediatricians, one educator, one marriage counselor and one sociologist. Their approximate educational breakdown was 53 percent doctoral, 45 percent masters, and 2 percent bachelor degrees. For trainees whose highest MRI level was the Intermediate or Advanced course, there were 24 percent doctoral, 44 percent masters, and 32 percent bachelor degrees. The mean number of hours of therapy received prior to MRI training was 309 for the Intensive trainees, and 171 for the Intermediate and Advanced trainees.

Alumni were questioned concerning how they coped with resistances beyond ordinary institutional inertia encountered in trying to increase acceptance of family therapy concepts, and/or practices, in other work settings. Specifically, they were asked "With hindsight, what advice can you offer others trying to make similar changes in their institutional or agency settings?" The answers may be illuminating for others trying to gain acceptance of family therapy in their work settings: (1) Go slow in making changes, balance the new with the old. Be explicit about your beliefs but don't oversell. (2) Get the right administrators. Fit into agency needs and philosophy; impress them by being clear and concise, but never assaultive. (3) Work towards alteration in training institutions; residents should be exposed to family therapy; push for staff training, but discourage expectations of thorough learning from a few demonstrations. (4) Invite therapists to observe, first talking to them to make them realize that other current methods are not being attacked; that they do not have to throw away much in the family therapy approach, but there is room for what they already know. (5) Make known that family therapy is valuable, pick a case where conventional therapy is not making headway and then persist with family therapy long enough to demonstrate its value. Nothing is more effective than positive results in gaining acceptance for the family therapy approach. (6) Work through inservice training for counselors, ministers, parents, personnel department heads.

Training materials developed include Satir's book on *Conjoint Family Therapy;* Bodin's *A Family Therapy Training Bibliography: A Selected Topical Bibliography of Family Therapy*; an outline of family rules and interventions emphasized in the intensive course; descriptions of new courses and recommendations including suggestions for further innovations; a description of MRI teaching techniques and aids; outlines of the several courses and various family interviews for specialized purposes; and a number of book chapters, journal papers and papers presented at professional societies. A partial listing of alumni showed that more than 25 percent have subsequently engaged in family research. Also, at least 36 relevant articles were authored by former trainees, 20 percent of whom have published on family therapy to date. Dramatic indication of the impact of the program on the community is the proliferation of family therapy institutes in the Bay Area (five others besides MRI), of which four were founded and directed by alumni of the intensive course. Several of these institutions now direct their own family therapy training programs. Dissemination of information about the program has occurred in three main forms: (1) word of mouth—via past trainees and several hundred visitors to the program; (2) presentations at professional meetings, and (3) professional publications based on or making mention of the program. Utilization of training experiences by former trainees was quite extensive. The magnitude of the spread of the effect of the training is reflected in data from a followup questionnaire covering 5 years of MRI training, indicating that 11,856 students received 136,640 student-hours of training from alumni. These figures are probably conservative since they are based on partial returns.

A number of important training issues have been brought into focus, though not completely resolved, by the experience at MRI. Those remaining unresolved are questions of balance, involving optimizing the "mix" of several values so that integration may be appropriate to the particular course. Ideological issues include the balance between interpersonal and intrapsychic points of view, action, and insight oriented interventions, the seminal viewpoint of one pioneer and an eclectic spectrum of views. Pedagogical issues include the balance between theory and practice, studying and treating families, pre-structuring and evolving the course with trainee participation in decisions, personal style, lecture and discussion, observation and doing, substantive feedback by video- and audiotape, and unaided observer feedback; supervision by the teacher and outside consultation; task-centered teaching and supervision and trainee-centered teaching and supervision, with personal and perhaps therapeutic elements. Training needs include more knowledge of when to see which subgroups within a family, a new interactional vocabulary, earlier and more continuous teaching of family therapy, audio- and videotape libraries, co-teachers, more knowledge on therapist selection of families, and balancing brief therapy of several families and extensive therapy of one family.

Followup questionnaires show widespread acceptance of former family therapy trainees in an increasingly broad range of roles, often reflecting professional acceptance, despite new role definitions transcending the traditional disciplinary boundaries.

A progression of family therapy courses with observation throughout the sequence, and live supervision in the final course, has been demonstrated to produce family therapists who are accepted by other professionals, and who involve themselves in much subsequent teaching of family therapy. The high degree of commitment to training others to work with families appears to result from careful and pointed selection, modeling the professional behavior of the course teachers, and experiencing some aspects of doing family therapy supervision while that activity is among those being supervised. The consequent impact on the field has been extensive in both practice and teaching.

Inservice Training for Maternity Home Staff

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***MH-9520 1966–1968

The project was a 6-day intensive workshop for key personnel of maternity homes for unmarried mothers designed to train such personnel to become trainers in local and regional inservice staff development programs. There were 118 participants, chiefly from Salvation Army maternity homes throughout the United States.

Inquiry into the effectiveness of the workshop began during the workshop itself in Chicago in April 1967, and has continued since that time. To assess the value of the workshop for participants and the extent to which its objectives had been achieved, reactions of participants as individuals and as members of groups were obtained. These explorations, in essence feedbacks, were made at various times during and after the workshops. At the close of the workshop, members of the Planning Committee and later recorders of discussion groups submitted their reports. Additionally the participants, grouped by functions, expressed their views during the workshop, immediately following the workshop, after 4 months, and after 1 year. In these ways, it was hoped that a fair estimate could be made of the overall value of the workshop.

Perhaps most significant were the staff discussions following the workshop in the local maternity homes and in the administrative regions, particularly in regions where followup seminars have been conducted.

Staff is convinced that a good beginning has been made at the local and regional levels in stimulating patterns of inservice training to meet staff needs even though no national blueprint has been designed. There is evidence that local centers and regional offices will continue to follow up the workshop.

One region, for example, has held special workshops with staff in the areas of communication and data processing, two areas designed to increase the effectiveness of staff.

In one region, the following steps are among those in process:

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[1] For current information on the project, contact Brigadier Mary Verner at the Salvation Army.

1. Centers are being encouraged to develop systems to improve communication. These include among other things clarifying roles and role relationship.

2. The practice of some of the centers of organizing the staff into "therapeutic" groups is being explored and implemented.

3. The utilization of management consultants at regional offices and at each center is also being emphasized.

The April 1967 workshop was only a beginning in a continuing process of learning.

Marriage Counseling Training Program

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MH–8561 1966–1969

It is the intent of this program to provide 1 graduate year of education in a program offering a concentration in marriage counseling content. Those admitted to the program must have previously completed full professional education in a profession whose normal function would in some way involve marriage and family counseling (for example, psychiatry, social work, clinical psychology, the ministry, and the law). It is the purpose of this program to enrich the particular students' professional competence by providing a concentration in knowledge, research methods and findings, with some exposure through a practicum to marriage counseling practice, to attain a specialized mastery of marriage counseling.

Thirty-five people were trained under the 5-year graduate training grant. In addition, two graduate students participated without being officially supported by NIMH. Minneapolis and St. Paul mental health facilities served for practicum experiences. The trainees participated in two seminars per week dealing with marital interaction and marriage counseling issues and also spent approximately 5 hours in a sensitivity training group. At least 2 half-days a week were spent in the mental health facilities ranging from a social casework agency to outpatient hospital psychiatric departments. Here they were counseling under the supervision of an experienced agency worker. Each trainee was assigned to two facilities throughout the academic year, switching agencies in mid-term.

Since many of the trainees were doing marriage counseling as part of their regular duties before they came into the training program, but needed the training experience to become more competent in this enterprise, it was no surprise that the followup study showed that roughly 90 percent of the group were in fact doing marriage counseling in some form or another. However, the combination of academic training, field work experience, and sensitivity training, the opportunity to do counseling within the community rather than in an isolated academic setting, prove to be useful in preparing the trainee for future employment with greater responsibility.

When NIMH funds were discontinued in 1969, the program was suspended for 1 year. In 1970, a 2-year sequence for graduate students was designed that utilized the experiences of the training program. In the first year of the sequence, seminars are offered focusing on marital interaction, and the second year offers similar practicum experiences as did the NIMH-supported program. The University of Minnesota, in other words, has in a way taken the responsibility for marriage counseling training, even though it is not in the concentrated way of the past.

Advanced Training for Seminary Teachers of Pastoral Care

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MH-8546 1966-1972

This was a 1 year University-based graduate program designed to enrich the understanding of human behavior, specifically in the area of marriage and family living, for faculty members who are teaching or have been selected to teach both didactic and practical aspects of pastoral care in seminaries. The objective of the program is to attempt to modify theological education in the areas of marriage counseling and family life education through changes in seminary curricula stimulated by teachers who have received the year-long specialized training. Since more people with problems in family life, including marriage and sex, seek help from clergymen than from any other professional, it seems strategic to work with selected members of theological faculties so that responsibility for training of future ministers in this area can be undertaken more completely by teachers of pastoral care within the context of their own professional schools. Because of the "ripple" effect, the training of clergymen educators would have a greater effect on the delivery of health care than the direct training of service personnel in related fields.

The trainees were expected to broaden their knowledge of personality development, human needs, and the dynamics of behavior; to develop the capacity to relate to their clients in the helping relationship; and to learn to apply certain minimal skills in the counseling interview and supervision and in leading family life education groups.

By June 1972, 41 people had completed the program, which began in 1964 and was completed in 1972. The men were selected for training on the basis of promise of contributing to theological education. All of the men held responsible positions and all proved in retrospect to be professionally active and productive people. The group included 14 Catholics and 27 Protestants. Jewish faculty were sought, but could not be spared from the two existing seminaries in the United States. The 41 men represented 36 seminaries and all held at least a bachelor of divinity degree or its equivalent. Fourteen held a doctorate degree at matriculation in the program. Approximately 40 percent of the group were full professors, other appointments ranging from instructor to dean. Facilities cooperating in the training included Marriage Council of Philadelphia, the clinical arm of the Division of Family Study, a division of the Department of Psychiatry; the Department of Psychiatry itself which provided consultants, seminar leaders, and some formal course work; the School of Education; other departments in the University of Pennsylvania such as Sociology, Anthropology, and Psychology; a host of agencies which cooperated with our family life education program such as schools, church groups, PTAs, agencies for teenagers and unmarried pregnant girls, etc. Nearly half of all the formal course work during their fellowship year was directly related to the curriculum of the Division of Family Study. The remaining half represented a wide exploration in the acquisition of knowledge in various areas of behavioral science and education such as courses in counseling and guidance, courses in psychological theory, research methodology, sociology and anthropology, courses in curriculum development and educational methods, and the history of philosophy of education.

Seminars within the Division included: (1) orientation to marriage and marital problems, (2) techniques of marriage counseling, (3) techniques of crisis intervention, (4) curriculum development in teaching pastoral care, (5) family life education, (6) colloquium on counseling, (7) behavioral sciences, (8) group marriage counseling.

The emphasis throughout the program was on two facets: (1) clinical experience and (2) the interdisciplinary setting in which the training occurs. Clinical experience involves the management of marital relationships in which couples are seen in conjoint therapy or in groups of couples, and field work in family life education. The interdisciplinary setting is created by having an interdisciplinary staff representing almost all the mental health professions and an interdisciplinary group of trainees from a variety of other fields. In the last several years the entire training group, including the seminary professors, has consisted of 15–20 people, women and men, black and white. (Several indigenous workers have been added to each training group as well.)

Review of the training model for professors of pastoral care demonstrated that among the trainees, attitudes toward the self represented the area of most significant change. Insight and self-awareness increased for many; others felt that they had achieved a basis for better relating to their colleagues; and for many the training program had very personal significance in its impact upon relationships with their own family members. Affective learning enables the student to become sensitive to his own attitudes about the learning process itself. This, in turn, creates improved dissemination of information at the cognitive level. This concept was the keystone in the approach to counseling and education as formulated and applied by the Division of Family Study and Marriage Council staffs in a variety of counseling and educational settings.

The test of a training program is its ultimate usefulness to the consumer. In this regard, three parameters were established: increased knowledge, sensitized attitudes, and improved skills. Regarding skills, the only objective measurement is the design and implementation of programs by the graduate upon returning to his own agency.

New curricula were developed by the trainees for their own seminaries. The details of the new curricula material, both in course design and content, can be found in two publications that stem from this training program: Leslie, Robert C., and Mudd, Emily Hartshorne (eds.): *Professional Growth for Clergymen Through Supervised Training in Marriage Counseling and Family Problems.* Nashville: Abingdon Press, 1970; and *Journal of Theological Education, Special Issue* (Summer 1969). Of the 11 independent articles in this special issue, one is by a staff member and the other 10 were produced by the trainees. In this special number the men addressed themselves to vital issues in the preparation of clergy and included specific examples of new course approaches within the seminary and in continuing education.

The training, which was on a full-time basis for an entire academic year, made the trainee eligible for associate membership in the American Association of Marriage Counselors.

The quality of changes in their present position or promotions reported by all of the trainees, and the character of these changes related directly in most cases to the objectives of the training program. Twenty-two graduates are now on the faculties of theological seminaries developing programs related to sexuality, counseling, and education. Nine are in health agencies or in community mental health or family service agencies specializing in counseling and education. Seven are in church-related service agencies and act as administrators, programmers, and counselors. One is in the child development field on a college faculty. One is a counselor in the department of obstetrics and gynecology in a medical school and one is in private practice.

Many new courses were established covering topics such as pastoral counseling, the ministry in group relationships, orientation to marriage and family counseling, etc.

Fifteeen have changed jobs since they participated in the pilot program. Almost all of these had new or increased teaching responsibilities. Those who stayed in the same teaching position seemed to increase their counseling for the student body or started new seminars. New courses were often in marriage and family counseling, human sexuality, family life and sex education. In addition to courses, internship programs or graduate programs in pastoral counseling were begun. In several instances new doctorate programs for clergy were started. In several cases overseas internship programs were the result. Twenty-two of the trainees reported beginning new courses. Almost all of the fellows have had advancements in their academic careers since their training at marriage council. In addition to their impact on their own seminaries, there has been a great increase in participation in community life, especially in the area of family life education. Many have become much more deeply involved in their local school systems, and some have served as consultants to a variety of agencies. Most of the trainees reported growth in self and professional identity and competence, as well as the development of new skills and resources.

Publications by the trainees since completing the program include 9 books authored or co-authored, 8 chapters in text books, 40 articles, 6 series of lectures, 6 book reviews, and approximately 75 unpublished lectures.

Significant strides in evaluating a complex educational program were accomplished during the pilot phase of this program. The details have been published in *A Pilot Training Program for Seminary Teachers of Pastoral Care, Description and Evaluation*, by Edwin B. Hutchins, Ph.D., Ames, Iowa: Iowa State University Printing Service, 1969.

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VOLUNTEERS AND CITIZEN PARTICIPATION

Training Volunteers for Preventive Mental Health Leadership

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**MH-13313 1973–1978

This program of the Continuum Center of Continuing Education at Oakland University is designed to train volunteer preventive mental health workers. The workers, all women, will function at a paraprofessional level. They will be trained as volunteer group leaders who intervene with other women in need of self-actualization.

The training program is 48 hours in length. Both didactic and experiential methods of training are used, and stress is placed on the enhancement of communication skills, self-confidence, leadership, and the interpersonal skills critical for working in mental health settings. Trainees will be selected from among the graduates of a continuum center course titled "Investigation into Identity" and from other populations in the community.

The main selection device is a 2–3 hour interview. Selection is made on the basis of those skills which the potential trainees show during the interview; i.e., rudiments of leadership and interpersonal, empathic, and helping skills. The selection procedures will be explored and refined over time so as to select into training the most promising and capable trainees.

Model Cities Leadership Development Institute

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MH-12539 1970–1973

The major objective of the Model Cities Leadership Development Institute was to develop leadership skills and competence in people engaged in Model Cities programs to enable them to participate proficiently in the comprehensive planning process of Model Cities. More specific objectives include (a) the identification of proper roles for Model Cities participants and the development of the necessary skills to create plans and establish priorities on projects that are intended to meet individual, neighborhood, and community needs; (b) to increase the ability of participants to function more effectively in small groups; and (c) to develop a better understanding on the part of the participants of community processes, and of institutional and community change and how to cope with these changes.

The training program has been implemented in two cities which had authorized Model Cities programs. These two cities were Texarkana, Arkansas and Tulsa, Oklahoma. The Model Cities programs in both cities cooperated extensively in the training program. The main source of support from the Model Cities programs came from the allied units responsible for developing citizen participation—the Community Organization Component in Texarkana and the Target

Area Action Group in Tulsa. These groups aided significantly in the identification, selection, and recruitment of trainees as well as assisting with many on-site logistical problems.

The target populations which received training were composed primarily of two groups or classifications of people—local citizens and community service employees. Actual training has been in effect for approximately 2 years. The first training session was begun in the summer of 1971 and the most current training was undertaken in the spring of 1973. During the 2 years of training, 10 groups have been exposed to the training program. The ideal size for training groups was considered to range from 8 to 15 participants. In all, approximately 175 people have attended the workshops. Two training groups (one in each city) were composed entirely of community service employees drawn principally from the Model Cities organization with emphasis upon the community organization personnel. The remaining eight groups had mixed audiences, but the majority of participants came from the local citizenry. One training group was composed entirely of teenage youth. Efforts are also being made to train local program leaders who can plan and conduct similar projects in order to continue the process of local leadership development. Although Model Cities is being phased out, there appears to be a continuing need for skilled participants in the revenue sharing planning process.

The majority of trainees, who were local citizens, were selected for training because of their known involvement in neighborhood activities. Most volunteers who attended the training did so at the sacrifice of other community or recreational commitments. The trainees held two population characteristics in common: living in a blighted neighborhood, and minority status. Most other characteristics showed considerable heterogeneity. Both men and women participated, and the educational attainment level was extremely varied. Some participants had only a grade school education while others had completed graduate and professional degrees. Most participants were high school graduates, however. The ages of the participants also showed considerable variability, ranging from teenagers to retired people. The heterogeneity of the trainees posed some problems in developing a curriculum relevant for all. However, by combining prepared training materials with adaptations and discussions that fit the local situation and experiences of participants, it was felt that all people benefited.

The training sessions were perceived to be workshops in which the trainees actively participated in helping to develop action plans to solve real community problems, but in an atmosphere of trust where feedback was given without risk or reprisal. Simulations of various community situations were developed to give the participants an opportunity to expand their behavioral repertoire. The curriculum consisted of concentration on three broad topic areas: problem-solving and planning, working in groups, and community processes and social change. All three topic areas had a problem orientation. The emphasis of the training was upon the development of generic problem-solving and planning skills. The workshops attempted to start with simple approaches to working with community issues and greater complexity was introduced as the training progressed.

The training sessions normally began with the presentation of various approaches which have been developed to analytically break down a problem so that a specific action plan can be developed. The participants were then encouraged to utilize the approaches and gain experience in working through real-life problems. The nature of the problem selected depended upon the interests of the group members and the nature of the local situation. The important thing was that group members selected a problem of interest to them.

Much of the work done in bringing about community change is done through neighborhood and community groups. The participants were exposed to procedures to be used in leading groups and the appropriateness of these procedures under different circumstances. Some attention was also focused on group dynamics so that the trainees would be more sensitive to their own needs, to the needs of others, and to how these needs influenced decisions.

The third major area of discussion concerned working in communities. Such factors as the identification of the local community power structure and their mobilization as social action resources were presented and discussed in relation to the problem at hand. An understanding of the procedures necessary to gain support for a program helped provide realistic expectations of the obstacles to be encountered, what one can achieve, as well as establishing realistic time tables for project completion.

This project was not intended to train people for careers in mental health occupations, but did help provide needed manpower to help in the solution of many human and social problems faced by communities. The program does afford the possibility of favorable outcomes on three levels: It can serve as a preventative, heading off serious mental health problems before they occur; it brings individuals to a higher degree of functional competence; and it can have an impact on the emotional climate of the entire community.

Several impacts resulting from the training program have been observed. Increases in both individual competence and group participation effectiveness have been noted. Many people reported increased levels of self-confidence which spurs them on to increased community activity. Trainees have also been able to utilize some of the approaches taught to get some important community-based plans implemented. Several of the training groups have continued to work together to implement the plans developed in training. These projects are in various stages of completion.

Several training aids have been developed and compiled into notebooks which were given to trainees. The notebooks contain simplified handouts on all facets of the curriculum; and these form the basis for workshop discussions.

A paper describing the project in detail is in the process of preparation and will be available shortly. Information has also been disseminated through a paper presented in a workshop session of the National Convention of the Community Development Society, and some experiences regarding the project were discussed in a workshop session of the North Central Regional Center for Rural Development's Conference on Planning for Public Services in Rural Areas. Several visits have also been made by staff members to various Model Cities programs in areas near the University of Arkansas to discuss the project.

Some community officials have expressed the desire to see such training continue. They are hopeful that local citizens can begin to take the responsibility for implementing the training program. There is a possibility that Model Cities and Special Revenue Sharing funds may be used to supplement training costs.

Training Coordinators of Volunteer Services

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**MH 12162 1970–1973

This application was designed to train 30 volunteer services coordinators in 3 years for mental health settings by means of a 9 months' curriculum that relies heavily on supervised field placements, group discussion as a means of integrating field experiences, and a limited curriculum of a more didactic nature that will cover in a flexible manner the areas of (1) individual and group behavior; (2) communications in the broadest sense; and (3) administration, supervision, and leadership. Trainees were to have earned baccalaureate degrees and were to be currently employed or intending to be employed as a coordinator or director of volunteer services in mental health settings.

The program arose out of extensive experience of this group training volunteer coordinators in short courses and workshops, stimulated by the project director Dr. Arffa's experiences with volunteers at the Brockton VA Hospital and by an exploratory conference on the training of volunteer service coordinators funded by NIMH in 1963 under the joint sponsorship of NIMH, the American Psychiatric Association, and the American Association of Volunteer Service Coordinators (AAVSC).

Though the Northeastern University's short courses and workshops had been useful in "retreading" the more established coordinators, it was the conviction of the Northeastern group (supported by the leadership of AAVSC) that a more extensive 9-months curriculum at a post-baccalaureate level would represent a significant advance in establishing the functions of coordinator at a more professional level. It was anticipated that the longer curriculum would attract younger people, either those who have recently entered the field or those who (because of Peace Corps, VISTA or similar experiences) were seeking to prepare themselves for it. These younger people would be more open to an enlarged definition of the role of coordinator, would be more able to help mental health administrators and staff members understand the need for involvement of volunteers more centrally in the policy and decisionmaking functions of their organizations, and would be more flexibly committed to working with the community groups in order to make the mental health institution more integrated into the life of the community. The field placements were to be primarily within one of the Massachusetts mental health regions whose coordinator was interested in using volunteers in significant roles. The region had various kinds of mental health settings and was developing others. Trainees would be rotated three times within the 9 months, each time to a different kind of auspicing mental health agency; moreover, within each auspicing group there would be several specific agency settings available to them. The trainees would spend 1 day a week in a task group to pool their experiences, examine problems they are facing in their placements, and draw implications for the coordinator's role. Most of the trainees would come with some experience in the role as a core around which to organize the varied field experiences.

Local Mental Health Training Program

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***MH-11163 1968–1972

The National Congress of Parents and Teachers, using a national staff and part-time consultants, trained its State PTA Presidents, State Mental Health Chairman, and State Parent and Family Life Education Chairman to recognize children's unmet needs and to become familiar with plans for assuring children's emotional health. The Congress increased parent participation in local mental health development. The twin goals of education and a social action program were reached. Formal leaders trained local members preparing total membership for greater participation in their individual locales.

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[1] Mr. Buchmueller's current address is Program Specialist, President's Commission on Mental Retardation, Regional Office Building, 7th and D Sts., S.W., Washington, D.C. 20201.

U.S. Jaycee Leadership Training Program

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MH-11129 1967–1969

The objective of the project was to train national, State and local leaders in the U.S. Jaycees to become better equipped to help determine need and obtain and provide services for the mentally ill and the mentally retarded.

Approximately 130 persons were involved in the training conference held in Denver, Colorado over a 2½-day period. The trainees were all young men from a wide range of employment. They were selected for demonstrated leadership capacity in organizational settings committed to service activities. In addition to the Denver conference, two regional conferences were scheduled several months later for the purpose of developing action plans out of the training experience.

The training methods were somewhat standard for a conference-type program including both plenary information-giving sessions and small group, work exercise sessions.

The training was not directed toward potential employment opportunities but rather to increasing the skills of volunteers to perform usefully and effectively in the advancement of social programs on an unpaid basis.

It is difficult to assess the accomplishments of the project in training terms. A substantial number of bright, conscientious young men with a concern for mental health and mental retardation problems returned to their home communities to provide leadership in program development which led to positive, constructive action which would not otherwise have occurred. Over a period of 5 years, the U.S. Jaycees conducted 9,000 projects and donated nearly 2½ million man hours to mental health and mental retardation services. If an hourly dollar assessment could be placed on this activity, it would total nearly $47 million, not including the incalculable value of the public understanding which resulted from the activity. The training project was one aspect of the total effort and undoubtedly produced significant returns in many communities which have never been reported upon or measured.

It is typical of the U.S. Jaycees that as leadership changes, programs and activities which have been popular for a period of time are phased out and new activities phased in. Mental health and mental retardation are no longer on center stage with the organization, but in many communities the interest has continued on a local basis and the organization is still an important force in the service of the mentally ill. Included in the leadership of the organization at various levels are young men who first learned of this problem through their identification with the Jaycees. The training of selected leadership from across the country regarding the nature of the mental health/mental retardation problem and regarding the potential for volunteer social action continues to have a significant return.

There has been relatively little published concerning the training conference itself, but a tremendous amount of outstanding material has been developed by many of the States for distribution to their members as an aid in program development and implementation.

Clearly, this project was not a conventional manpower training project: it was, by no means, career-oriented; neither was it designed to fill a shortage in an employment category; it did not help to swell the ranks of any profession. It did, however, increase the skill and understanding of a significant number of persons with leadership talent and did demonstrate that effectively mobilized volunteers, despite shifting interests, can constitute a working force worthy of attention and development.

Associate Leader and Case Aide Training Program

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MH-11062 1967-1970

The Case Aide Program at the Boston State Hospital first came into being in 1963 when a small grant from the Permanent Charities Foundation was made available to demonstrate the theory that intelligent and highly motivated mature men and women from the community, under the supervision of trained and experienced psychiatric social workers, could help the chronically mentally ill State hospital patients. While this idea was not entirely new, having been tested prior to 1963 with college student volunteers, the concept still had some revolutionary aspects. Up to the time of student intervention, contact of a therapeutic nature with mental patients was considered to be the exclusive domain of the professionally trained personnel.

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[1] Current information on this program may be obtained from Mrs. Anne S. Evans at the Boston State Hospital.

It was found that the Case Aide Volunteers' work with patients was as successful as the student-patient relationship had been. Not only did many patients show significant improvement where hope for change had seemingly vanished, but it was also found that the volunteers could help a severely ill patient in a way professionals could not. This very special way of helping could be described as partly therapeutic, partly educational and partly supportive; and made possible a surprisingly high degree of patient improvement. As the Case Aide Volunteers became involved in a relationship with a patient, it became evident that they needed to have more clinical information about the patients assigned to them. They were motivated to learn more about the operation of a large hospital, the various professional specialties, and all the ancillary services needed to help a patient.

Several new training instruments were added to the program for case aides. The professional staff prepared a training manual, *A Guide for the Volunteer*, which is given to every case aide upon entering the program. It is supplemented by a list of readings in the fields of psychiatry, social work, psychology and sociology. The case aide office houses a small library of pertinent books and current mental health journals. Volunteers attend a series of especially prepared seminars by hospital personnel and outside experts in such topics as clinical psychiatry, hospital administration and community resources available to patients.

Subsequently, a more formalized training program was established, financed by a 3-year grant from the Experimental and Special Training Branch of the National Institute of Mental Health. The training program had two interrelated but distinct phases. The first consisted essentially of an intensified educational program for the case aides; the second offered training for a new category of worker, the associate leader who has been recruited from the ranks of the case aide volunteer after completing 1 year of work in the program.

Candidates for associate leader training are selected by the program's professional staff, on the basis of several criteria: good performance as a case aide, personal integration and stability, and evidence in group settings of leadership qualities and the ability to work as part of a team. They must also be highly motivated to take on a leadership position for a minimum of 1 year.

The first stage of associate leader training consists primarily of group meetings, with a professional supervisor in charge of training, covering various group leadership techniques and group dynamics. Trainees consider the nature of small-group structure and the roles played by group participants as well as problems of group interaction and potential solutions. They also observe other supervisors and/or associate leaders conducting case aide groups to witness styles that are successful, or unsuccessful, for leading a group. Each year, associate leaders and staff members participate in a 2-day session devoted to group processes. Issues related to leadership and appropriate techniques which would enable leaders to work more effectively with volunteers are discussed. The sessions are conducted by a professional psychologist from a local university who has experience and expertise in group process.

In the last stage of training, the trainee interviews prospective volunteers and forms a group of 7 to 10 new volunteers. The associate leader is responsible for the assignment of patients to volunteers, relationships to the ward staff, and the supervision of the volunteers' relationship with his assigned patient.

Throughout their work, the associate leaders meet weekly with their supervisor to report on the groups they are leading. Whenever the leader needs further help, the supervisor is available for an individual conference. Associate leaders have been trained to recognize situations in which they should come to the professional for advice or action. While the associate leader and case aide separate the professional from the patient, the professional is still in close contact with the entire program and holds ultimate responsibility for the volunteer and the patient.

As of fall, 1970, 20 volunteers have become associate leaders, nine of whom are currently running groups of 5 to 16 case aide volunteers.

Since 1963, over 800 volunteers from the greater Boston community have joined the ranks of the Case Aide Program. This sizable number represents a wide range of ages, life experience, ethnic groupings and social backgrounds. They range from college students in late adolescence to senior citizens in their late 70s. Some are professionally trained in science, law, teaching, library work and dentistry. The majority are housewives and students, and nearly all are college educated. As in most volunteer programs, there is a shortage of men workers, but for the past 7 years several Catholic and Protestant schools of theology have used the program as part of their field education experience. Some young men and women also come from Phillips Brooks House, the volunteer service bureau at Harvard University, as well as Boston University, Tufts, Brandeis, Simmons and various graduate schools in the greater Boston area.

It is worth noting that as a result of their experiences as case aide volunteers, 30 people decided to continue their education and have returned to schools to obtain graduate degrees in social work. Several are now working part-time in the field, and one has returned to the program as a professional part-time staff member.

Since July of 1970, two permanent social work and one secretarial position have been made available to the Case Aide Program through State funding. With this solid financial and administrative backing, we look forward to continuing and expanding new frontiers of volunteer programming.

Mental Health Association Staff Training Conference

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MH–9544 1966–1967

Approximately 150 persons participated in a 5-day Conference, including plenary sessions and workshops geared to the specific needs of categories of staff, grouped according to size and nature of the agency in which employed.

The Conference was one in a series of annual summer training institutes, all built around the same general objective, though with a changing program or activity emphasis from year to year.

The objective of the Conference was to provide an intensive learning experience for professional staff of The National Association for Mental Health in the development of the skills essential to mobilization, organization, and effective utilization of volunteer talent.

The single common characteristic of the trainees was employment in a management capacity with a mental health association at the local, State or national level. The participants represented a wide range of education and experience backgrounds. At one extreme some of the participants had advanced degrees, and at the other extreme, there were those who had no more than a high school education. Some of the participants headed large operations involved in sophisticated programs in large urban communities; others were part-time workers serving chapters in rural communities. All of them, however, were concerned with doing a more effective job in assuring adequate treatment for the mentally ill, the prevention of mental illness, and the promotion of mental health.

The Conference provided a unique experience for a large number of Mental Health Association staff members to meet and work together on the examination of common problems and the discovery of new approaches to their responsibilities.

Those who were involved in the training were already employed. The opportunity presented by the training was in terms of improved performance on the job and, in some instances, an exposure to opportunities for advancement to higher status positions elsewhere in the Mental Health Association.

While it would involve considerable strain to find a direct connection between what has happened in recent years and the project under consideration, this project was certainly a precipitating factor in all that has happened since. The Summer Institute is now conducted in college fashion with approximately 21 courses offered. Certain baseline courses are required; other courses are elective. Each student enrolls for two 10-hour courses and one 5-hour course each summer. Courses completed are a matter of record and the participants can each develop a plan of personal training objectives. Faculty is recruited largely from within the organization. Those included in the faculty are obliged to participate in intensive preparation activity to meet required standards of performance.

The more professional approach to training, which has grown out of the Summer Institute since 1967, has played a major part in the development of a more comprehensive plan of training made possible through a subsequent 3-year NIMH grant. The organization recognized that, in a situation involving a tremendous geographic spread of staff and limited dollars available for training, training must be based upon the concept of self-directed learning. Tools have been created for self-assessment of training needs in terms of the tasks and standards connected with effective job performance. Now the organization must find the means at the national level to retain a training director who can promote and monitor the use of the self-assessment tool and can develop and uncover resources which staff members throughout the organization can use in pursuing their own self-development plans. The Summer Institute model, matured since 1967, is now employed as one resource in a range of approaches to self-development and makes a substantial contribution to the total process for approximately 200 staff members each year.

The significance of this particular project as an isolated event is difficult to assess. It was, however, a significant element in a series of events which has put this organization in a position to be better able to select, train and retain the services of competent, career-oriented personnel of the sort required for the operation of a national voluntary agency with a high level of effectiveness.

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HOSPITAL PERSONNEL

Materials for Inservice Mental Hospital Training

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***MH–11647 1969–1971

The project initiates a systems approach to solving learning problems for training ward attendants in mental hospitals. Based on a thorough task and needs analysis, training materials, presentation media, instructional management guides, and supervisory orientation materials are being developed and validated as a learning system. The total system will provide self-paced instructional units designed to interrelate programmed movie, slide, audio, and text presentations in a study carrel with demonstrations, discussions, and practical exercises conducted by instructional managers at the training site. The learning sequences are geared to individual needs within the target population. The media mix is empirically determined from an analysis of learning objectives written in behavioral terms, and from developmental testing. The content of the system will include (1) attendant nurse orientation training, (2) general nursing care skills, (3) behavior modification techniques and psychiatric nursing responsibility, and (4) learning retention orientation for supervisors.

A manual for instructional managers will provide the necessary guidance in each State hospital for effective use of the materials. The self-pacing and semiself-instructional system will allow immediate access to training for new employees, provide accessible review material which may be scheduled for experienced employees, and provide available training during all work shifts in mental hospitals.

The general training areas have been subdivided into manageable subunits. An educational technologist is assigned to each subunit and held responsible for its development as a complete subsystem. The instructional manager's guide grows with the total system and the additions are forwarded to the user hospitals along with other subsystem material. Seven steps are followed in developing each subsystem as follows: The task and needs analysis, the development of learning objectives, the development of learning situations including the developmental testing, review and edit, the development of the instructional manager's manual, placing the subsystem into operation, and evaluation.

System components are tested on target trainees. Testing is continued until required learning takes place as measured by criterion tests. The criterion tests are based item for item on the list of learning objectives written in behavioral terms.

In the first year of the project, 50 management and educational personnel from the State hospitals have been trained in the concepts and management of the training system. Fifty supervisors have experienced a short subsystem on learning retention orientation. Thirty attendant nurses have been trained via a subsystem unit for attendant nurse orientation training.

Total material production at the end of the first year includes four volumes of programmed text materials for attendant nurse orientation training and two volumes of text materials for general nursing care skills, two 8mm films totaling 12 single concept sequences and partial development of a third, 800 colored slides, and 8 stereo master tapes to provide audio instruction and signal impulses for synchronization with the slides. Twenty individual study carrels have been designed, manufactured, and delivered to hospitals in accordance with personnel hiring requirements. Analysis for subsequent units has started, and additional subsystems will be completed in due time. Subsystems are complete training entities and are placed into operation as quickly as validation permits. All materials are validated on new employees entering the service as attendant nurses. These employees are generally high school graduates, but a number of non-high school graduates are employed in the metropolitan areas.

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[1] For current information on the project, write to the Michigan Department of Mental Health.

Personnel in seven State mental hospitals cooperate with the development staff to analyze needs, review learning objectives, role play for slide-tape and movie presentations, and to develop, test and validate completed materials.

The training system is being developed within the concept of aiding hospitals in the total problem of training attendant nurses as psychiatric aides. The initial efforts have been in orientation training, and general nursing care skills, but the major emphasis will ultimately be in behavior modification techniques and other psychiatric nursing skills. Media mix is carefully programmed to meet the needs for satisfying the learning objectives. To provide a maximum of learner self-pacing and self-instruction, as well as ease of scheduling, individual study carrels were designed to include a writing desk for working in a programmed text, a Fairchild cartridge movie projector to display motion in color, a Sawyer slide projector with a 100-slide Rototray, and a Viking tape player to play cartridged stereo tapes. One track of the tape contains audio instruction, while the other track contains impulses to advance and to turn off the synchronized slide and tape presentation as programmed. Programmed instruction directs the learner to utilize various media as necessary stimuli in learning sequences. When learning outcomes call for discussion or practical exercises, the instruction directs the learner to contact the instructional manager. The instructional manager's manual provides a schedule of learner progress, so the instructional manager will be prepared in advance to meet learner needs at appropriate progress points. Valid criterion tests are provided to test the validity of the materials. Validation requires that 85 percent of the target population responds correctly to at least 90 percent of the learning objective requirements.

This training system is being developed on a careful analysis of what the attendant nurse does in the State hospitals and what they must do in view of modern techniques for dealing with human behavioral problems. The scientific process of developing the learning system provides a conglomerate of learning situations which may be easily dissected for revision, deletion, or addition. It provides learning stimuli based on requirements of the target population and eliminates the use of extended lectures and lengthy training films. When a 30-second movie presentation will result in the required learner response, a 30-second movie is provided. When one colored slide and a paragraph of audio instruction will result in a required response, that is what is provided. This "lean approach" to developing learning situations results in a saving of learner time and a lessening of the boredom inherent in the practice of "over-teaching."

The developmental concept under which this learning system is developed separates the evaluation of learning objectives from the evaluation of learning effectiveness. If effective learning is accomplished, based on the established objectives, ineffective hospital services may then be related directly to stated learning objectives or other personnel management problems.

The concept of scientifically solving learning problems for employee development has been accepted by a number of organizations in government and industry since the project started. Interested visitors to the project office include persons from State and local education units, industrial personnel, State social service personnel, and managers of State Civil Service training programs. As a direct result of the interest aroused by this project, a new chapter of the National Society for Programmed Instruction has been launched in the central Michigan area. The project director has been called upon to advise personnel in other State agencies in the various facets of using programmed instruction and developing complete learning systems.

The program was described in a presentation at the 1969 Convention of the American Psychological Association as one of a five-part symposium on "Introducing Behavior Modification in a State Mental Health System." It is also described in an article "Attendant Nursing Training System" in *Educational Technology*. A more current description of developmental progress was reported in a presentation at the 1970 Annual Convention of the National Society for Programmed Instruction. The logic of the systems approach is easily accepted by organizational managers. Those who have had training in systems management easily assimilate the intricacies of this developmental process into their background of knowledge. The less indoctrinated find it difficult to cope with the organizational requirements of systems development, but understand and appreciate the logic of such application.

Target trainees who have experienced portions of the training for developmental test purposes are enthusiastic about the manner of study provided by the system. Employees who have previously had learning problems are the most noticeably enthused recipients.

Instructional managers who are responsible for managing the system in individual hospitals have the most difficult task of adjustment. Careful training is required to help these people adjust to their new role in employee training, and become true "Managers of Instruction."

Re-Entry Expediter Work-Study Training Project

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MH–10572 1966–1969

Initially, the expediter role was conceptualized as filling a line-staff need to implement zone center operations through coordination of the zone services with the social agencies and public services, focusing them on a goal of maintaining or effectively reintegrating into the community the mentally ill and retarded and developing within smaller areas comprehensive networks of services as close to home as possible. The training program is to develop a master's level generalist. Particularly, the expeditor is charged with (1) developing alternate care plans to hospitalization; (2) facilitating re-entry into the community of institutionalized persons; (3) adequate followup and prevention; and (4) resource development to fill gaps in community services. He plays many roles, including that of linker, convener, negotiator, arranger, and consultant.

Since the program's inception in 1965, 71 persons have obtained the master's degree at Northern Illinois University. The participants in this program come from a variety of geographic locations and work backgrounds and undergraduate majors. In the first several groups, there were large numbers of returning Peace Corps and VISTA volunteers. Due to some late decisions regarding availability of State stipend grants, we have been unable to actively recruit from this group. It is interesting to note that only five of the total group were previously employed by the Department of Mental Health.

The Singer Zone Center has been the stipend-sponsoring agency and primary field work placement. Northern Illinois University in DeKalb is the degree-granting university. The granted degree is the Master in Community Mental Health. The degree consists of a thirty interdepartmental 1-year master's, plus 300 hours of field-work experience. Coursework is in the fields of sociology, psychology, home economics, and education plus a mental health seminar to integrate the academic and field work experiences and to involve community leaders and special consultants. In addition, training papers developed by zone center staff are used emphasizing crisis counseling, management of the acute-grief state, the social-breakdown syndrome, and the linking technology. Opportunities are provided but not required for participation in a variety of human relations workshops.

The uniqueness of the training is the development of the interdisciplinary appraisal system and focus on social management rather than pathology and theory.

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[1] For current information on the program, contact Dr. Leonard Pecilunas at Northern Illinois University.

Actual employment opportunities have been all mostly at the Singer Zone Center. However, expediters leaving Singer have moved into other department facilities and the school system, carrying many of the concepts with them and developing similar roles in other settings. More recently, the Department of Corrections is interested and recruiting graduates of this program, as are other department facilities, agencies, and planning boards. The potential employment opportunities are definitely broadening. The zone center is too limiting for the possibilities for this kind of role and it can be exported to other settings.

In the zone center, expediters have been a central staff group and have taught other staff, social workers, nurses, psychologists, and psychiatrists by their example and success. They have assumed significant leaderships and are central in establishing the trends by which our programs develop.

Nationally, the program was chosen for presentation at the National Association of Mental Health Manpower Showcase Conference in Washington, D.C. in February 1970. The program has been cited in several recent publications and journals.

A particular example of effect is one expediter who left Singer and became ombudsman for the Rockford school system. The role was accepted and is being expanded to serve other schools. Many agencies locally are more open to interagency conference and planning together and have less fear and stereotype of the person who has had psychiatric hospitalization.

Within the center, the following positions of leadership have been assumed or created by expediters: Coordinators of drug abuse programs for the zone; program director of the Seven-county Adult Psychiatric Unit; assistant zone director for Community Services; outcare director–Adolescent Unit; coordinator for community development–Adolescent Unit; outcare director–Alcoholism Unit; coordinator for community development–Mental Retardation Program; outcare supervisor–Mental Retardation Unit; community worker supervisor–Tri-county Adult Psychiatric Unit; expediter supervisor–Seven-county Adult Psychiatric Unit; present director of expediter training at Singer and liaison to Northern Illinois University.

One person who left is working in a State hospital in Kansas and is developing the expediter role within that system.

After the termination of the NIMH training grant, the Illinois Department of Mental Health provided a limited number of full-time educational stipend grants.

In 1970, the program came completely under the direction of Northern Illinois University with the role of Singer Zone Center now one of many fieldwork training facilities cooperating with the university.

Training New Workers for Social Interaction Therapy

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MH–8210 1963–1968

This project was designed to train recent college graduates, novices to the mental health field, to fulfill the administrative and the conduct of socioenvironmental treatment generalized therapeutic functions required in programs for chronic mental patients in State hospitals. The 1-year training program was initiated in January 1964.

The base unit for the training program was the Philadelphia State Hospital Rehabilitation Unit on which socioenvironmental treatment programs were already in effect. The first 6 months of the training period included both didactic and practicum training. The last 6 months consisted primarily of supervised practicum experience on other units throughout the hospital where trainees, under supervision, had the opportunity to develop, implement, and conduct socioenvironmental training programs.

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[1] For current information on the project, contact Dr. Robert B. Martin, Chief, Psychology Training Section, Philadelphia State Hospital.

Beginning in January 1968, a number of modifications were made in the program aimed at bringing about a greater degree of specificity in mental health worker orientation and duties to alleviate the friction that was increasingly developing between mental health workers and other disciplines with overlapping duties, e.g., social workers, activities workers and psychiatric aides. The program took on a more directly psychological-therapeutic orientation, with particular emphasis being placed on group work, group dynamics, group therapy and other group related areas. The intention of this was to emphasize the distinct role of the paraprofessional mental health worker as a humanistically-oriented group specialist in the mental health field with particular expertise in the group area. This goal was gradually realized between January 1968 and January 1969. Arrangements were made with Temple University to offer a number of graduate and undergraduate courses at Philadelphia State Hospital which could be taken by mental health worker trainees, hospital staff and local area residents. An academic curriculum was then instituted as a regular requirement of the Mental Health Worker Training Program. This served to insure that mental health worker trainees would have a level of academic training commensurate with the more ambitious interpretation of their therapeutic role that was then being encouraged. By 1970, the Mental Health Worker Training Program was offering to hospital staff and requiring of mental health worker trainees graduate level academic courses in Psychopharmacology, Schizophrenia, Psychoanalysis, Abnormal Psychology, Introduction to Group Dynamics, Advanced Group Dynamics, Behavior Modification, Psychotherapeutic Techniques, Transactional Analysis and Personality Theories. There are also human relations and communications laboratories for nurses, psychiatric aides and therapeutic activities workers.

Since January 1968, 55 mental health workers have been graduated. Twenty-seven are employed at the Philadelphia State Hospital, 19 have gone on to obtain master's degrees in psychology or a related behavioral science, three are employed as Psychological Service Associate II's, two are employed as Psychological Service Associate III's, and four are enrolled in doctoral programs though none have thus far obtained a doctorate. Those graduates no longer employed at Philadelphia State Hospital are employed in State hospitals, community mental health centers, halfway houses, drug addiction treatment centers and the like. Seven have left Pennsylvania, and all but a few are still engaged in mental health work.

There have been other impacts as well:

- The increasing popularization of the subprofessional mental health workers concept led, in 1970, to the establishment of Mental Health Technology programs at Philadelphia Community College and Hahnemann College. The program staff agreed to provide supervised practicum training to mental health technology students from Philadelphia Community College and has, since 1970, participated in training about 12 students a year.
- In 1971, following a visit to England by the program director, the Mental Health Worker Training Program was visited for 2 weeks by the director of Oxford's Isis Centre, the first community mental health center in England. The Mental Health Worker Training Program also provided a full year's training from 1971 to 1972 to an English volunteer who, after graduating from the program and returning to England, has attempted to institute similar programs there.
- Assistance has also been given to Bucks County Community College in planning a Mental Health Technology Program for which Philadelphia State Hospital's program would provide both a model and student practicum training. The Bucks County program has since been approved and is scheduled to begin in September of 1973.
- Beginning in 1969 plans were made to adopt a state-wide Mental Health Career Series which, as the original NIMH grant and mental health worker concept had envisaged, would allow for the training and employment of mental health workers both below and above the baccalaureate level. In June of 1972 a Mental Health Worker Series

was adopted by the Commonwealth of Pennsylvania which closely parallels those already adopted in such States as Maryland, Illinois, and California. Implementation of Pennsylvania's Mental Health Worker Career Series is slated to begin at four pilot sites during 1973.

Notwithstanding the State's adoption of the new Mental Health Worker Career Series, the program's involvement with local colleges and universities and its other noteworthy successes and achievements, the future of the program has become increasingly bleak since 1972. Austerity programs and other cutbacks in State funding have led to increasing difficulties in placing graduates of the program both at Philadelphia State Hospital and within the State system generally. Even though the program's graduates are in demand, fewer and fewer positions are available within the Commonwealth.

This program has contributed to the birth and growth of many other programs at colleges and universities and in other States and has pioneered in and helped to establish a positive and receptive climate for humanistic, community-oriented paraprofessional mental health workers.

Training Student Nurses and Psychiatric Residents Through the Use of the Group Process

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***MH-6379 1956–1960

The aim of this project was to demonstrate and evaluate the effectiveness of a new group approach in helping first-year nursing students and first-year psychiatric residents to improve their psychological understanding of their patients, colleagues, and selves. Groups were structured to permit the training of experienced psychiatrists in use of the procedure. The plan was to use volunteers over 3 years totaling 75 nursing students (3 groups per year) and 20 psychiatric residents (1 group per year). Each group met with a group leader for 15 weekly sessions of 1½ hours each to discuss personal reactions to work incidents. Training of experienced psychiatrists as group leaders was to be done through observation of groups, discussions on observation (1 hour) and participation in evaluation. The hypothesis was that this group experience could become a part of teaching and training students and professional personnel in many fields.

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ADJUNCTIVE THERAPISTS

Hunter College Dance Therapy Training Program

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MH-12739 1971–1973

The Hunter College Dance Therapy Masters Program is the first comprehensive academic training program granting an M.S. in dance therapy. It began in July 1971, with the objective of training new mental health manpower to reach those patients who by virtue of class, language, culture or condition were not amenable to verbal therapies. The program is intended to professionalize the field of dance therapy, to establish training standards and to develop and disseminate curriculum materials and general information on dance therapy to students, schools, hospitals and the general public.

Candidates are required to have a bachelors degree with an emphasis on the social sciences, an extensive dance background, and a commitment to work in the mental health field. Selection of students is based on an unweighted average of the following: (1) The application (recommendations, academic record, work and dance experience); (2) a personal interview; and (3) a group movement interview. The latter is an innovative procedure designed to simultaneously evaluate the applicant's dance ability and personality characteristics (maturity, flexibility, relatedness, stability and commitment) as they are manifest in movement. Seventeen students were selected for the first class (September 1971) and 16 students for the second class (January 1972). As a result of special efforts, four minority students and two men were recruited.

The purpose of the training is to develop a professional dance therapist who can practice dance therapy, participate as a member of a psychiatric team, engage in movement research, train paraprofessional and professional staff, and administer dance therapy programs.

Students participate in a year of coursework designed to integrate the psychological, practical, and research aspects of dance therapy, followed by a 6-month full-time field placement. The core curriculum—Dance Therapy Theory and Practice, Systematic Study of Movement Behavior, Movement Observation, and Anatomy and Kinesiology for Dance Therapists—was specifically designed for this program. These courses are integrated through common content areas and by the use of Rudolph Laban's method of analyzing and describing movement. The Dance Therapy Practicum, taught by two dance therapists, offers students the opportunity to observe and integrate different styles of practice. Monthly videotapings provide the students with direct feedback on their own styles of moving, relating and leading. Each student participates in a group research project that uses observation skills and understanding of movement behavior. Guest lecturers provide the students with the most recent and indepth information in the neurophysiological, intrapsychic, interpersonal, and cultural aspects of movement behavior. During the first year, students act as participant-observers at various mental health settings. After successful completion of coursework, students engage in a full-time internship at five mental health facilities (Asbourne School (Pa.), Bronx State Hospital (N.Y.), Essex County Hospital Center (N.J.), St. Elizabeth's Hospital (Washington, D.C.), Yale Psychiatric Institute (Conn.)) each staffed by at least one full-time registered dance therapist.

The program has had a profound effect on both local and national organizations and institutions. Close to home, it has had an impact on the academic community at Hunter College by increasing awareness of the significance of expressive and communicative movement in teaching and therapy. Project staff have been asked to share information and ideas with members of the Social Work School, Communications Department and Division of Education. The Project Director has been asked to lecture for classes in Methods of Teaching Foreign Languages and Special Education and for the Counseling and Guidance staff.

The program has aided the development of more rigorous internship standards for dance therapy (e.g., St. Elizabeths and Bronx State recently formalized their internship programs) and helped create an impetus for new programs (e.g., Yale Psychiatric Institute and the Asbourne School). Reports indicate that the presence of dance therapy interns upgrades the perception of dance therapy in the eyes of both patients and staff.

Because of this program's visibility, as well as the active involvement of staff in professional organizations, the Dance Therapy Program has had a major influence in establishing professional standards. Both the Dance Division of the American Association of Health, Physical Education and Recreation (AAHPER) and the American Dance Therapy Association (ADTA) have recently developed minimal standards for undergraduate (pre-professional) and graduate training. Both organizations are currently discussing standards for the approval and/or accreditation of graduate programs. A liaison has been established between the Therapeutic Recreation Section and the Dance Therapy Committee of AAHPER to discuss commonalities and differences between the various therapies that utilize movement.

Because of the need to develop career ladders for creative arts therapists and specifically for dance therapists, contact has been established with the New York State Department of Mental Hygiene. This has led to the creation of a committee of art, music and dance therapists which is working to develop common standards of education and professional practice.

In response to inquiries guidelines have been prepared and distributed for internships, graduate and undergraduate programs, high school career days; other materials such as program brochures, course outlines and bibliographies have also been developed. A videotape has been prepared entitled "Looking In—Reaching Out: Learning to be a Dance Therapist" which presents an overview of the dance therapy practicum and shows how video feedback is integrated in the training. It has been used to demonstrate teaching techniques to field supervisors, State officials, and visitors from other schools and hospitals. A recently completed film, "Becoming a Dance Therapist," shows how a student progresses through the entire training program: screening, coursework and internship.

A major way of sharing information with the academic and professional community has been through staff publications, membership on the boards of ADTA and the Dance Division of AAHPER, and presentations at national conferences. The Project Director has chaired panels and presented and discussed a videotape at annual conferences of the American Dance Therapy Association; chaired committee meetings, provided consultation, and lectured at annual conventions of the American Association of Health, Physical Education and Recreation; and participated in a panel discussion at a meeting of the New York State Education Communications Association. The following articles on the program have also been published:

(1) "Body Language: A New Therapy for the Mind" in *News Hunter*, Sept. 1972.
(2) Schmais, C. "Dance Therapy Training for the Dance Therapist," *Journal of Health, Physical Education and Recreation*, Oct. 1972.
(3) Goldstein, R.; McVeigh, L.; Schmais, C. "There Must Be Mutual Commitment: Television for Dance Therapy," Proceedings 25th Annual Convocation, New York State Education Communication Proceedings, Nov. 1972.
(4) White, E. "Effort Shape Movement Analysis: Its Importance to Dance Therapy and Movement Research," *Focus*, forthcoming, Fall 1973.

(5) Schmais, C. "Dance Therapy in Perspective," *Focus*, forthcoming, Fall 1973.
(6) Periodic reports, *ADTA Newsletter*.

To date the first class of students has been graduated and the second class is completing internship. Although it is difficult at this point to project long-range employment potential, all the graduates who sought employment attained positions within 2 months of graduation: five in State hospital positions, and one each in city hospital, private hospital and outpatient clinic. Four are newly created positions. Graduates are working with individuals and groups, developing new programs, orienting staff and participating as part of the hospital team. They are indeed fulfilling the roles previously envisioned.

Recreation Leaders for Emotionally Disturbed Children

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***MH-8543 1964-1969

The major objectives of this 5-year project were (1) to train physical education specialists for physical recreation work with severely emotionally disturbed children, and (2) to assist college and university physical education and recreation faculties in developing training programs and curricula for this type of work. Up to 12 trainees a year (46 total) attended the specialist program. They were graduate students attending Temple University's Department of Health, Physical Education and Recreation (HPER). A faculty training program, known as The College Professors' Seminar, was carried out the final 2 years of the project, training 12 postdoctoral and postmasters faculty of other colleges and universities.

Buttonwood Farms, Inc., a southeastern Pennsylvania organization providing educational and recreational services to emotionally disturbed children, and Temple Universitys' HPER department, were the coparticipants in the project which was held at Buttonwood Farms' summer day camp and school facilities.

The didactic aspects of the training program were under the direction of Temple HPER faculty. Field experiences and clinical consultation were provided largely by Buttonwood Farms' staff. Specialist training was year-round and included 8 weeks of field and didactic training at the Buttonwood Farms' camp, and 40 Saturdays of specialized urban recreation training and consultation during the school year. Consultation consisted of regular individual interviews with a psychiatric social worker, group consultation with a child psychiatrist, and on-the-job consultation with a clinical psychologist. The specialist trainees received six graduate credits for their participation in the summer program.

The College Professors' Seminar ran for 8 weeks at a camp where participating faculty was given field training and assisted in the preparation of manuals, curricula, and course outlines directed towards the preparation of physical educators for work with emotionally disturbed children. They received eight graduate credits for their participation.

The intent of the training program was to prepare a new variety of mental health resource or ancillary personnel to meet the pressing physical education and recreation needs of emotionally disturbed children who have been significantly deprived in these fields. Followups indicated that the majority of the specialists had appropriately applied their training. Followups of participants in the College Professors' Seminar indicated that their training was later reflected in course offerings at their institutions.

The project was a pioneering effort in the melding of physical education-recreation approaches with mental health ones. It appears to have stimulated considerable interest among mental health specialists and educators concerning the values of physical education and recreation for the emotionally disturbed child.

The project has helped to establish awareness of the value of physical recreation for emotionally disturbed children and to stimulate the development of similar programs for the emotionally disturbed, brain injured and retarded in Pennsylvania and New Jersey. Its influence has been felt nationwide in terms of its trainees, publications, the distribution of its curricula, manuals and evaluation instruments. Physical education, in part because of the project and the general interest in sensorimotor training, has become increasingly recognized as valuable for the emotionally disturbed and other handicapped children; the values of recreation qua recreation are still not accepted.

On the basis of this original project developed by Buttonwood Farms, Temple University developed a subsequent one, funded July 1, 1969 to June 30, 1974, for extension of faculty training programs. This new project draws upon the personnel and expertise developed in the original project; it operates at Buttonwood Farms and is refining and extending the concepts and approaches of the original project (see MH–11810). Additional programs growing out of the original project include the training of occupational therapists at Buttonwood Farms in sensorimotor approaches, and work rehabilitation programs for the older retarded and mentally ill youth. Buttonwood Farms' staff actively assisted the Office of Education in the preparation of guidelines for physical education for the emotionally disturbed. Buttonwood Farms recently received a research grant from the Office of Education in association with Montgomery County, Pennsylvania schools to determine the effectiveness of different physical education approaches with emotionally disturbed children. The American Association of Health, Physical Education and Recreation, which had reviewed Buttonwood Farms-Temple University training programs, has made physical education and recreation for the emotionally disturbed one of the foci of its association activities.

Of the 28 specialists who responded to a followup questionnaire, 20 were actively applying their training in programs for the handicapped. Twelve of these were in programs specifically for the emotionally disturbed. Five trainees were in leadership roles. Of the 12 faculty members for whom followups were available, 10 had offered training at their facilities in physical education or recreation for the handicapped and part of that work was directed to the emotionally disturbed; two of them had offered courses specifically directed to the emotionally disturbed.

An effort was made in the project to determine the value of a variety of cognitive, attitudinal and personality measures as these related to job effectiveness. As has been found for other similar predictive endeavors, there is little predictive validity for standard testing instruments with respect to on-the-job effectiveness.

A variety of manuals and curriculum guides were developed through the project as well as a physical activities evaluation approach for children unresponsive to usual assessments. These have been used by a variety of institutions offering physical recreation to the handicapped.

The project has been widely publicized through local, regional and national meetings attended by physical educators, camping and recreation specialists, rehabilitation workers, and the mental health professions. A total of 24 papers concerning the project have been presented at national meetings and 11 have been published in major journals. Buttonwood Farms and Temple University staff have provided consultation to universities, medical schools and government agencies.

Project MH–11810 (see below) is an outgrowth of this project.

Academic Trainers of Physical Recreation Specialists

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MH–11810 1969–1974

This project was designed to develop courses of study for the teaching of academic material to undergraduate and graduate students in universities and colleges. In addition, the project has as an objective the training of college professors for the teaching of the content and to acquaint them with the ramifications of teaching physical education and recreation to emotionally disturbed children. The project prepares materials for dissemination to people throughout the Nation who are interested in the specialty and also has as one of its objectives the preparation of a newsletter which will be of interest to people in the field. A further objective of the project is to stimulate the inclusion of physical education-recreation for emotionally disturbed children in the adapted physical education division of the American Association for Health, Physical Education and Recreation.

The project was initiated during the summer of 1967. During the summers of 1967 and 1968 a pilot project was conducted at which 12 people received training and a followup survey was conducted which indicated that results were achieved by the introduction of courses at the various colleges in the field of specialization for which training was conducted.

The trainees must be college professors who are teaching courses in the adapted physical education or recreation field and who will continue to teach such courses. They also agree to hold a regional or State conference in the field of emphasis in which they have been trained. Their prior education must be either a master's degree or a doctor's degree. The population for which they shall be trained to teach is as indicated either undergraduate or graduate students in the field of physical education-recreation and in special education.

The facilities which are significant in the development and conduct of the program of training are the facilities of the Buttonwood Farms Camp, Incorporated, which is located north of Doylestown, Pennsylvania. This camp is primarily for emotionally disturbed children. Over 200 campers are at the camp during the summer and the trainees for the project work to some extent with the counselors in the practical application of procedures for the implementation of physical movement and recreational activities of a physical nature which would be of help to emotionally disturbed children. A movement manual for counselors is being developed.

A number of consultants who are specialists in the field of psychology and psychiatric work are used to acquaint the trainees with the basic information and the implications for physical education-recreation for emotionally disturbed children. Trainees are held responsible for the orientation provided by the consultants and are also held responsible for the readings which are assigned to them.

It is felt that people recruited for the training program are of such a background that a production-type workshop would be most useful and hence each participant is required to produce either supplementary material or material for manuals which may be used in the conduct of programs for physical education-recreation for emotionally handicapped children.

The presence of children at the camp provides a laboratory experience for the participants. The length of the training period is 8 weeks. The group meets 5 days during each week (Monday through Friday) and group discussions, readings, and reports and development of materials form the base of the content.

The potential employment opportunities for graduates of the program are assured inasmuch as the colleges which they represent have agreed to include this work in their programs of instruction.

The principal manual which has been prepared to date is entitled, "Physical Education-Recreation for Mentally and Emotionally Handicapped Children."

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[1] For current information on the project, contact Dr. Richard A. Berger at Temple University.

The project has attracted trainees from both small and large academic institutions in at least 25 States; eight trainees participated each year.

Consultation visits have been made to each of the colleges represented at the course taught by Temple University. Papers have been presented at professional meetings. Requests for materials have been received from many schools and organizations from all parts of the Nation.

Training in Music Therapy

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MH-8573 1964-1969

The objective of this 5-year project was to provide advanced clinical training and graduate education of selected, registered music therapists to enable them to work more effectively with handicapped children, especially mentally retarded and emotionally disturbed children in community centers, schools, and mental health institutions. A secondary aim was to offer students advanced clinical training with an accent on research.

This was a new, first year, graduate training program. Such a training course had never been offered before. The trainees were to achieve greater perspective and better functioning principally in music therapy, but also in at least the elementary aspects of psychiatry, clinical psychology, psychiatric nursing, psychiatric occupational therapy, recreation, and special education of mental retardates and other handicapped children.

The program, which operated from 1964-65 through 1968-69, attracted a total of 30 trainees.

Parsons State Hospital and Training Center (PSH & TC), which cooperated in the training, is a 650-bed residential care facility principally for mentally handicapped children. In addition to offering treatment and training to mentally handicapped children, it provides supplementary programs in research and professional training in the field of mental retardation. Primarily involved with the project at PSH and TC was the Clinical Music Therapy Department, under the supervision of the Director of Clinical Services. The Field Coordinator for the training program, working with the Director of the Clinical Music Therapy Department, administered and taught the advanced clinical training phase of the music therapy curriculum. The Parsons Research Project provided resource personnel for research designs and techniques and experimental procedures. The trainees also participated in demonstration lectures in Audiology and Speech Therapy, Recreation, Psychology, and Occupational Therapy. Through the In-Service Training Program, the trainees participated in periodic workshops, and attended training films and lectures.

Consultation was available at the University of Kansas throughout the project in the areas of special education, guidance and counseling, physical education, psychology, physiology, biochemistry, sociology, and anthropology.

Trainees received academic training for one semester and one summer session, and advanced clinical training for one semester, leading to the Master of Music Education degree with a Major in Functional Music. Every trainee was required to take graduate level statistics courses, carry out at least one research project, and write a research thesis.

The Department of Music Education's philosophy considers music to be but one form of human behavior, subject to observation, measurement, and modification as are other forms of human behavior—hence, the strongly multidisciplinary approach to the uses of music in therapy.

The theoretical orientation of PSH and TC was behavioristic. Much emphasis was placed upon the evaluation, description, measurement, and specification of behavior to gain therapeutic ends.

Program graduates are providing leadership in the profession. Several have started music therapy curricula in colleges, and others have assumed major clinical and administrative positions. The program trained the large majority of all graduate level music therapists who completed work during the grant period. A major potential employment opportunity for trainees is university teaching. Clinical institutions, which desire graduate level RMTs for supervisory duties, are able to compete effectively with colleges for the trainee's services. Other major employment opportunities exist in the public schools.

Advanced study with emphasis on the behavioral sciences, research, and music therapy comprised the major endeavor of the trainees. Soon after the beginning of the project, it became necessary to secure closer communication with the clinical center, expand and restructure the clinical training, and add a course of directed reading at the graduate level. Prior to inception of this training project, the curriculum of the master's degree program was academic and had not included a formal practicum (internship) in advanced clinical training. Such a practicum was incorporated into this training program because of the belief that a uniform and controlled advanced clinical training experience would be of value to the music therapist in his developing a better understanding of the mutually supportive roles of the theoretical and practical aspects of music therapy.

Other significant factors emerged from this training program. The constitution of the most effective graduate curriculum in music therapy was investigated. The role of advanced clinical training in teaching the essential elements of the research process was examined. The demand by colleges for instructors in this field was a target, but in many cases, colleges were unable to compete with clinics in employing the trainees.

The project has had several major influences. The National Association for Music Therapy has continued the project's work to improve the interface between academic and clinical experience in the graduate and undergraduate curricula. The project produced a substantial number of master's degree Registered Music Therapists to serve the profession; this in turn has led to development of music therapy curricula in colleges which did not before have such programs. The project led the way in the current movement to include more clinical experience in the curriculum. At the University of Kansas, the project led to the inclusion of a music therapy clinic in the University Affiliated Health Facility organized through the Bureau of Child Research.

Trainees have been employed in the following situations: (1) full research; (2) teaching; (3) public schools—trainees are consultants in music therapy to public school special education programs; (4) clinical work—trainees are employed in VA, State, and private hospitals, and in community mental health centers; (5) administration—trainees have become administrators of music therapy programs. The research specialist and clinical administration roles are recent and seem to have been influenced by the training project. The role of the music therapist in special education has been much emphasized by the program.

A 20-minute training film entitled, "Music Therapy Internship" was produccd during the course of this project.

Information about the training project and its accomplishments has been well disseminated through the National Association for Music Therapy. Many research studies completed during the project were reported at NAMT meetings or published in the *Journal of Music Therapy*. The pre-convention meetings of educators and directors of clinical training which were organized as part of the training project have led to restructuring of the therapy curriculum.

The major problem for effective manpower utilization seems to be the inability of academic institutions to compete financially for the services of master's degre RMTs. The demand for baccalaureate degree RMTs continus to outdistance the capacity of colleges to produce them.

Training Occupational Therapists for Psychiatry

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MH-8620 1964–1967

Objectives of this program in occupational therapy were (a) to establish a program in occupational therapy with emphasis on psychiatry in the central New York area in a college with moderate tuition; (b) to provide a continuing, more intimate contact with a dynamic psychiatric hospital; (c) to enable prospective students to complete the required course in a shorter period of 4 years and 3 months, by providing a continuous program, including the summer months; (d) to promote recruitment in a vigorous way utilizing various media and channels including the use of guidance counselors and community organizations.

Impetus for the development of this occupational therapy curriculum came mainly from the need of the local State mental hospitals and State schools for the retarded. There has been a shortage of occupational therapists for various types of institutions throughout central New York State, as elsewhere, and there was previously no other occupational therapy school to serve this area. As stated in the grant request, the goal of the project was to provide a quality educational program which would be somewhat less costly to the student, and could be completed in less than the usual 4½ to 5-year period. In addition it was hoped that special emphasis could be placed on psychiatric aspects of the course, without sacrificing the quality in other areas of instruction.

To accomplish these goals, several unique arrangements have been made. First, a flexible program was planned providing students the opportunity to complete the entire program in 4 calendar years, by making use of summers. For transfer students, or those who prefer a slower pace, the program can be extended.

The primary affiliating institution is Marcy State Hospital. Arrangements with them enable the project to make use of educational resources—administrative, clinical, instructional and physical—already developed for their psychiatric residency program and nursing school. Courses related to psychiatric occupational therapy are offered there in a coordinated unit during the summer following the sophomore or junior year. Team teaching is used in a combined clinical/academic approach. Teaching staff and clinical facilities have also been made available to supplement courses in neurology and general medicine and surgery. In addition to the special Marcy program, the regular psychiatric affiliation has been extended from the usual 3 months to an entire semester—4 months—without shortening the other two affiliations.

Utica College also has agreements with St. Luke's Memorial Hospital Center and Children's Hospital and Rehabilitation Center of Utica for clinical clerkships, with the understanding that each will provide additional clinical instruction as program expansion allows. It is also expected that the Occupational Therapy Department at Rome State School will play an increasingly important role in the curriculum.

Three academic years and one summer session of didactic work precede the first clinical affiliation. The final semester of didactic work is planned to follow at least one (and often two) of the clinical affiliations. Course work during the final semester emphasizes seminars and individual study intended to encourage the student to draw upon and integrate experiential and academic learning.

The grant project was staffed initially by two part-time occupational therapists who were primarily concerned with the investigation of local educational resources and with finding ways of making up for gaps in facilities for clinical teaching. A full-time curriculum director was employed in the fall of 1966.

The remainder of the grant period (which ended June 30, 1968) was devoted to curriculum planning and course preparation, and establishment of the curriculum as a part of the Utica College program. Specialized courses were first offered on a conditional basis in the fall of 1967, with official acceptance of the program by Syracuse University Senate during the same semester. Major professional courses were offered to the first class of juniors in the fall of 1968.

During the spring 1970 semester there were 21 students enrolled in the four classes, with four students expected to complete the program and receive B.S. degrees in September 1970.

The Occupational Therapy curriculum was established to meet local needs; vital to the development of the educational program is the strengthening of these local clinical programs. One year ago, seven O.T.R.s practiced full-time in clinical settings in this area. There are now at least 13 O.T.R.s (or recent graduates whose registration is pending) and one part-time therapist. Directly or indirectly, most of this increase can be attributed to the developing Occupational Therapy Curriculum at Utica College, even though there has not yet been a class of graduates. Most of these therapists are employed in three New York State Department of Mental Hygiene institutions in this area. Even so, these facilities alone have positions open for approximately 30 additional therapists.

The increase in the number of Registered Occupational Therapists and resultant improvement in programs and facilities have added greatly to our resources. Utica College Occupational Therapy faculty members have been actively engaged in assisting the institutions to recruit qualified therapists, and have also provided some consultant services to help them to further develop occupational therapy programs, and to recruit additional personnel.

During the past year, a reorganization within the college's Division of Science and Mathematics has grouped together appropriate curricula under the title, "Health Programs." Besides Occupational Therapy, this group includes Medical Technology, in collaboration with St. Luke's Memorial Hospital Center, and the 3-year nursing schools based at Marcy and Utica State Hospitals. The Director of the Occupational Therapy Curriculum was appointed coordinator for these programs, with the expectation that a new department or division will emerge eventually. Both physical therapy and therapeutic recreation have been mentioned as needed programs which might be developed in the future, and possibilities for the latter seem especially hopeful. The role of coordinator provides for better communication, not only among the health programs, but also with the rest of the division.

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MENTAL HEALTH COMMUNICATIONS SPECIALISTS AND MEDIA DEVELOPMENT

Influencing Human Interaction in Urban Schools

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**MH–13526–01 1973–1975

The need for improved mental health climates in large urban public schools has been dramatized by the plight of these schools in the last decade; trust and communication have declined among teacher and student and administrator. The intent of this program is to improve the mental health environment of urban public schools by training public school teachers in specific interpersonal skills which seem to be basic to promoting individual growth in human interaction, skills such as effective listening, nonthreatening exploratory probing, honest labeling of feelings, and the providing of accurate feedback.

The Interpersonal Process Recall (IPR) training materials developed at Michigan State University by N. Kagan and his associates will be the means for teaching these skills. The methodology makes use of stimulated recall by means of videotape playback combined with an unorthodox supervisory role. A clinical "interrogator" or "inquirer" plays the role of a recall person who has been taught new ways to help participants maximize the learning-by-discovery potential of videotape playback. Using the tapes, the program will develop as near an instructor-free package as possible.

The initial year's effort is aimed at the training of a near total staff of an urban high school. The trainees will be the teachers and administrators of a specific school. In the second year the results of the first year will be replicated in another school, while a national training model using IPR will be constructed and trainees from regionally representative schools will be recruited. In the third year a series of 10-week training sessions will be held at Michigan State University with the trainees from urban schools around the country. The fourth year will find these trainees implementing the IPR model in their several urban schools constituting a national effort in maximizing the positive mental health climate of the urban school. The fifth year is an evaluation year.

The "clients" of the proposed IPR training program are public school teachers and administrators. The strategy to be employed during the first year is to involve a single school's staff in field testing the training model and in subsequent years to offer training to key personnel from schools across the Nation. By treating each school as a distinct social system, the training aims at affecting the system through the improvement of interpersonal skills of the individuals within the system. The selection process, then, involves the negotiation with central school district staff and school principals to choose schools in which the training will occur.

Schools will be selected for the program which have the greatest need for improving the mental health climate (e.g., which have specific social problems such as racial strife), the staffs of which volunteer for such training, which have adequate numbers of student teachers, teaching interns and paraprofessional staff to permit teachers to undertake inservice training during the regular school day, and which have sufficient space to install the videotaping equipment essential to IPR training.

It is essential that a school's staff perceive the training as relevant to their personal and professional needs. Therefore, considerable effort will be made to inform the target staffs of the nature and benefits of the training experience. The plan is to begin within a school with those who will initially volunteer. The expectation is that as these volunteers are trained, their report of the training benefits will be sufficient motivation to secure near total involvement of the staff within a 2-year school period.

Use of Cable TV for Public Mental Health Education

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**MH-13490-01 1973-1976

The Division of Mental Hygiene and the Rock County Guidance Clinic will present over Total TV (Janesville area cable system) a weekly 30-60 minute public education program, September through May, over a 2-year period, 1974-1976, each program to be repeated several times a week as time allows. The best of the programs will be rerun during the summer months. The overall 2-year program will be directed at the general TV viewing adult audience, but individual programs will be directed at specific adult age groups. Program content will be designed to help men and women successfully meet problems and changes as they occur during their adult years. The purpose is to help reduce undue stress that may occur and thereby prevent or lessen the occurrence of emotional or mental illness. There will also be programs dealing with alcoholism and drug abuse problems and the problems of rearing and caring for physically and developmentally disabled family members. The programs are also expected to motivate persons to use services earlier thus making it possible to deal with problems faster, more efficiently, economically, and less painfully.

For further educational purposes and for evaluation, materials pertaining to the subject of a particular program will be offered to the listening audience whenever possible and, for evaluation, several mail surveys will be conducted among viewers and participating agencies during the 2-year period.

Some programs will originate from Total TV, others will be pre-taped in a variety of settings including mental hygiene agencies, industry, school, and organizations. Program resources include clinic and other local agency staff, State agency staff including University of Wisconsin and Division of Mental Hygiene personnel, members of local organizations, and local residents. Films which are cleared for TV, slides, pictures, overhead transparencies, and other graphics will be used extensively to add interest and increase understanding. When appropriate, a portion of a program will allow time for viewers to participate by phoning in questions. Although many visual aids and knowledgeable specialists will be used, emphasis will be on participation by local residents as individuals and representatives of various age groups and by members of local agencies and organizations.

This project will initiate, in Wisconsin and the United States, the use of cable TV by local mental health agencies for public education. It will demonstrate the use of a cable TV government or public access channel by a mental health center and provide guidelines and program patterns that other centers in Wisconsin and throughout the United States can follow in using such channels in their own communities.

Graduate Program in Mental Health Information

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MH–12111 1970–1977

The primary purpose of the program is to prepare men and women for careers in mental health information. Such careers may follow either of two basic patterns: (1) Working for a mental health association or institution as a communication specialist in a position which involves public relations functions, both internal and external, with particular attention to effective communication with various publics. (2) Working for the news media as reporter or newscaster with special responsibilities for reporting on activities and trends related to mental health within the community.

The program leads to the master of arts degree in communication and requires three semesters of graduate work. It concerns itself with more fundamental aspects of communication than merely the techniques of news writing or newscasting. For example, examination is made of some of the obstacles to communication between segments of society. In addition to deepening the trainee's understanding of communication theory, the communication studies examine the role of various channels of communication in relation to mental health information and concepts, including newspapers, radio, television, direct-by-mail, and word of mouth.

In two of the three semesters every trainee is placed in a part-time internship in Austin where he works with mental health and related communication activities. The internships are for 12 hours per week; the interns also enroll in a seminar that brings them together regularly to discuss and evaluate their work experiences. Each trainee is also placed in a full-time 10-week summer internship in mental health communication work. Preferably, these internships are outside the city of Austin.

Courses assigned to the trainees vary slightly according to the trainee's academic and professional background. All enroll for certain specified courses in mental health subjects. In addition, students with little background in journalism are required to take courses in communication, such as news gathering, article writing, multimedia presentations, and graphics. Those with little background in sociology are required to take courses in sociology related to urban tensions or other courses related to mental health. In the first fall semester and the spring semester all trainees enroll in a graduate seminar in Mental Health Information. Teachers from journalism, radio-television-film, and speech participate in the instruction. The seminar is adaptable to students with differing backgrounds of experience in communication. Laboratory assignments are individualized and are related, where appropriate, to the work of the trainee in his part-time internship. In the second fall semester, all trainees come together for seminars in the Mass Media and Urban Affairs and Problems in Public Relations.

The Graduate Program in Mental Health Information began in September 1970, graduating its first class of four students in December 1971. The second group, beginning in September 1971, included nine students, all of whom graduated in December 1972. The third group, with eight students, completed their first academic year in May 1973.

All but two of the program's graduates have gone into full-time salaried positions; one entered military service and another took a part-time job. Likewise, all but one have taken positions related to mental health information; that one works in the research information division of a large corporation. One holds a strategic position with the National Institute of Mental Health. Demand for graduates has exceeded the supply, and unsolicited inquiries have indicated an interest in future graduates. The need for professional information personnel in community mental health enterprises is critical. In nearly every agency or institution in Austin in which part-time interns have been placed, the work of the intern has led the agency later to provide in their budget for a full-time information person.

In May 1973, the cable television system in Austin announced the opening of a channel shortly for public service broadcasting. Students in the Mental Health Information Program are taking the lead in making an inventory of video equipment in private and public community enterprises and in organizing community-wide participation in the preparation of high-quality television programs for this open channel. Many of the proposed programs will deal with aspects of mental health.

When the program began in September 1970, there was only one course in the University of Texas devoted entirely to mental health. The Department of Journalism added two seminars in Mental Health Information for the use of the program, Educational Psychology and Special Education have each added two courses, and the College of Business will begin a course next September concerned with the management and operation of agencies and institutions, both private and public, dealing with public care. Many factors brought about this increase in curricular attention to mental health; but it is believed that the inquiries made in the program's search for courses for students in the program contributed to some extent in stirring up this increased interest. In addition, the part-time internships have brought beneficial results to Austin mental health agencies and institutions. Because the supervisors of these interns are brought together periodically, an unexpected dividend has been the increased cooperation between agencies, the recognition of common goals and problems, and the sharing of experiences.

Building on its experience of the initial funding period, the program will now develop a clearer definition of the model program; establish model communication media for local, State, and national mental health information specialists; and evolve a system for continuation of the program without NIMH funding. The program is to be strengthened by adding one more course devoted to mental health theories, principles, and procedures, by achieving a wider dispersement of summer internships to places outside Austin, and by instituting more adequate coordination between the academic work and the internship services. A new unit, Writing About Mental Health, will also be developed which can, with adaptations, be incorporated into advanced courses in urban affairs reporting, in magazine writing, and in television documentaries in many of the universities which offer degrees in communication.

Mental Health Mass Communications Program

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MH-11495 1968-1975

The Mental Health Mass Communications Program is a master's degree program designed to train newsmen who are sensitive to and knowledgeable about the behavioral sciences. Rather than training behavioral scientists to communicate through the mass media, the program intends to train journalists whose specialty happens to be the coverage of such areas as mental illness, retardation, poverty, criminal behavior, aging, discrimination and other social and behavioral problems.

Of 25 individuals awarded fellowships during the initial 4-year grant (1968-72), 22 successfully completed their master's degrees. During the current 3-year grant it is expected that 18 regular and four professional fellowships will be awarded. (The professional fellowship will be explained later.) The type of individual sought for the fellowships is a recent college graduate with both media and mental health interests and a good academic record. Generally those who have majored in journalism have been the most successful in the program in terms of commitment to the program's goals. Various social or behavioral science undergraduate majors are represented among the program's successful graduates, however. (Nonjournalism majors are required to include certain undergraduate courses in their curricula.)

The program's success depends on the cooperation of a number of facilities both on and off campus. Related academic departments have provided assistance both to individuals and to the entire group. Community facilities have cooperated as have a number of State institutions. The Menninger Foundation in Topeka has been and continues to be a source of support and assistance. Internship locations have been provided by various mental health and media organizations across the country.

The facilities of the Department of Journalism and Mass Communications have provided an excellent situation for a journalist in training. Newly-equipped television studios now supplement radio facilities, and the student newspaper now has its newsroom equipped with electronic editing terminals, thus making Kansas State one of the few universities in the Nation providing such advanced technology to its students.

The students earn a minimum of 36 semester hours during their 2 years of study. Three courses are required of each Fellow: Mental Health Information seminars I and II (taken during the first year on campus), and Behavioral Science Reporting (taken during the fall of the second year). In addition, Communications Theory and Research Methods are required of all graduate students in journalism. Courses offered outside the department are generally limited to 9 hours although Fellows with a heavy background in academic journalism may take more. Students have the option of writing a thesis or taking comprehensive exams with the majority electing the comprehensives option.

A major ingredient of the program is the work experience provided through two internships. During the summer following the first year of the program, each student is assigned to an internship with a mental health organization. During the spring of the second year, internships are provided with a mass media organization, usually a newspaper.

Since its inception, the Mental Health Mass Communications Program has been able to claim uniqueness. It is and has been the only program training newsmen with a behavioral science specialty. Other programs of a similar nature have been designed to train mental health information specialists.

The program is unique also in its conscious involvement of experienced newsmen. The present budget provides for one or two special fellowships each year that are to be awarded for 1 year to experienced reporters. The Professional Fellow does not necessarily work toward a degree but rather takes advantage of the many graduate courses offered in the behavioral and social sciences and in journalism. The professional also serves as a resource person for the inexperienced Fellows. The budget also provides for special seminars for working newsmen. The primary objective of the seminars is to expose professionals to the goals of the Mental Health Mass Communication Program while giving them the opportunity to discuss some common experiences encountered in covering behavioral science for their own print or broadcast outlets.

Recent information is available on the current employment of 17 of the program's graduates. Seven are employed in media positions, seven in public information jobs, and only three are involved in nonjournalistic endeavors.

Graduates of the program are serving as reporters on the following newspapers: the Kansas City *Star*, the Miami *Herald*, the Miami *News*, the St. Petersburg *Times*, the Wichita *Eagle*, and the Long Beach *Independent Press-Telegram*. In nearly all cases their assignments include a wide variety of stories dealing with various phases of behavioral science. One graduate who has been assigned to a consumer affairs' beat has found that her training in the program has been useful with nearly every story she has written. One graduate is a staff associate on the American Psychological Association's newspaper, *The Monitor*.

Public information positions are held by graduates with an office of Planned Parenthood, a State education association, a county health department, a university extension service, the National Institute of Mental Health, an urban-renewal organization, and the education department of a small African nation. Those not directly involved in a related profession are a student, a housewife, and a farmer.

The explicit impact of the program on the reporting of the behavioral sciences is difficult to assess in an empirical way. Graduates do attest to the fact that their backgrounds influence the content of the papers for which they work, once they have been accepted as qualified members of the staff. In view of the relatively small number of individuals who have graduated from the program, it seems fair to say that their impact has been more than equal to their number.

The new facets of the program during the current 3-year grant should provide additional impact. The Professional Fellow on campus during the 1972-73 academic year has returned to his previous job as a newspaper reporter with the advantage of having new knowledges and perspectives.

The first seminar for working professionals was held on the Kansas State campus on March 1 and 2. Entitled "Beyond the Mirror of Society," the seminar concentrated on various aspects of covering people problems in the mass media. The formal portion of the program included presentations by such individuals as William Honan, managing editor of the *Saturday Review of the Society;* Philip Meyer, National Correspondent of the Knight Newspapers; William Perry, Director of Public Information for the National Association for Mental Health; Alex Edelstein, Director of the School of Communications and coordinator of the humanistic writing program at the University of Washington; and others. Those who attended by special invitation of the program included 15 media professionals, two journalism educators, and three mental health information specialists. Several others were in attendance as a result of publicity about the seminar. The program was organized in such a way that questioning and discussing were encouraged. Informal assessment by those who participated indicated a high degree of positiveness about the 2-day conference. Professionals, students, and educators all agreed that exchange of ideas had done much to further their knowledge and motivation concerning the coverage of people problems in the mass media.

One of the goals of the conference was to make more people aware of the existence of the program. A concerted effort has been made throughout the year to increase the amount of awareness about the program. Two major projects were the dissemination of *Reporting the Human Condition*, a summary report of the first 4 years of the program, written by Mr. Everette Dennis and Dr. Ramona Rush. Copies of the report were sent to approximately 400 people involved with mental health or journalism education. Another major project was the dissemination of a recruitment mailer. For a project involving a relatively small number of individuals, the program is familiar to a large number of people.

The future of the program depends on continued funding. The State of Kansas hopes to continue the program in some form. In the meantime, those responsible for the program are investigating a variety of appropriate funding sources in order that the program might continue without having to reduce its scope.

Use of TV and Videotape in Mental Health

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***MH-11397 1968–1970

The objective of this project was to seek out the methodology necessary to identify, edit, index and exchange videotape training materials for use in mental health training programs. The question was not "Can videotape materials be used?" but rather "Can useful videotape materials be found?" As the early study and review progressed it became increasingly clear that mental health professionals across the country were recording and stockpiling unedited and unmanageable quantities of videotaped materials, which might or might not be useful to them or others in specific training programs. Up to this point, there was no way to identify this material and to somehow analyze its content in verbal form, meaningfully and correctly so that tape content could be made known to those mental health professionals who needed this kind of material. These considerations directed that the objective of our project should be aimed toward videotape management, videotape editing, indexing and cataloging, problems of storage and retrieval, exchange of material and, finally, greatly increasing communication among those involved in television utilization.

The tasks to be accomplished within the scope of the grant were set forth as follows:

a. Establish procedures and guidelines for handling of raw, unedited videotape stock footage which would make such material a valuable training resource, both locally and on an exchange basis.

b. Develop a prototype cataloging and indexing system which might be equally suitable for intra- and inter-institutional training use of videotapes.

c. Establish a network of communication linking all those involved in TV in psychiatry, with emphasis on some form of a newsletter approach.

d. Determine and assess the amount of psychiatric videotapes presently available in the United States for training purposes and establish a procedure for evaluating the content of such tapes.

e. Assess the relationship of motion picture films to television videotapes in terms of numbers, subject matter breadth, and training appropriateness.

f. Make recommendations for the continuing development and implementation of television in psychiatric training if the study indicates that such development and implementation are warranted.

The TV Project developed, by means of the *TV in Psychiatry Newsletter*, an exchange of information among those mental health practitioners interested in or utilizing television and videotape. From an initial mailing of 100 copies, subscribers increased to well over 1,000 within less than a year. Response to the *Newsletter* has been overwhelming and it is felt that its initiation was one of the more important accomplishments of the project. Content of the *Newsletter* included surveys of departments of psychiatry in academic institutions, mental hospitals, and the like as to their utilization of television. Technical and various other questions were selected from the steady stream of responses to the *Newsletter* for published answers. A bibliography compiled by project staff was continued in its pages, and progress reports on Project activities were published. It is hoped that some means may be found to continue the publication. As yet no funding has been obtained.

A *Comprehensive Bibliography on TV in Psychiatry*, numbering over 100 references and annotated indepth was prepared and distributed.

A system for editing and indexing videotapes of psychiatric patient interviews has been developed and a computer-based storage and retrieval system is operational. Coordination and Boolean algebra are used in the search process. It is the first time anywhere that the design of such a system was attempted and, although presently operating with a limited data base of 30 edited patient segments, the system is considered applicable in any psychiatric setting or mental health center.

A listing of available videotapes has been compiled and published by the project. This is a first attempt at establishing a list of psychiatric and mental health training videotapes. Although at present limited in content to 2[illegible]0 listings, the catalog represents another first and should be a useful tool for those desiring to exchange videotapes.

A comprehensive catalog of motion picture films in the field of mental health has been compiled, presently containing approximately 700 films. The listing, presently on cards, contains annotations from many sources and is believed to be the largest such listing in existence today.

A Conference on Television and Psychiatry was held at the University of British Columbia, bringing together for the first time practitioners in the field of television and psychiatry. Outstanding experts from throughout the land met for discussion, exchange of information and such recommendations as they might wish to make as to the merits of continuing this particular project. Evaluation by many of the attendees indicated that what the project had attempted to do was indeed worthwhile, useful to them, and would be useful to all personnel engaged in mental health training.

Mental Health Information Training Program

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MH–8633 1964–1970

The purpose of this program was to prepare graduate students for careers as information specialists with mental health agencies and associations. The students spent 2 years in the program, one on the campus and the second serving an internship with a mental health agency or association. The campus work included a core of courses on such subjects as graphic arts news writing, and publication editing; two 3-hour courses on mental illness and mental health; and electives in such areas as psychology, sociology, social work, audiovisual communication, photography and cinematography. Field trips were made to local agencies, State hospitals, and the State Department of Mental Hygiene. Students attended national meetings of mental health organizations and reported back to their seminar. There were numerous guest lecturers, including information officers of agencies and associations at local, State and national levels.

The second-year students were placed for their internships in a cross-section of agencies and associations throughout the United States. They and their supervisors reported regularly in writing on the work that the intern was doing. These reports not only enabled the director of the program to keep track of what the interns were doing but also provided case histories for study in the campus seminar and provided insights into experiments and trends in the field of mental health information.

This program was the first of its kind and has been followed by NIMH-funded graduate programs at the University of Texas and Kansas State University. The founding director of the Kansas State program was a graduate of the Syracuse program as was his successor.

Of the 54 persons who studied in the Syracuse University program 22 held mental health information positions in April 1973, another was director of public affairs for the American Psychological Association, another was a leading medical-science reporter for *The New York Times*, and one was director of information with the Western Interstate Commission for Higher Education which has a major mental health component in its program. Two of the 22 in mental health information positions were directors for State departments, five were public relations officers in State departments, one headed a State hospital information department, five were serving with mental health associations, two were in positions with national organizations, and the others were with city and county units.

NIMH funding terminated with the expiration of the second 3-year grant in 1970, and, because that was a recession year, efforts to obtain funding from other sources proved unavailing. However, the School of Public Communications has enabled a number of students since then to earn master's degrees in Public Communications and Administration with special writing and projects in the mental health field, making use of library and agency relationship resources developed during the 6 years of the Mental Health Information Training Program. Also, communications models and internship procedures of the program have been applied in the interdisciplinary All-University Gerontology Center of which the School of Public Communications is a participating unit.

Inquiries regarding the program continue to come in, and numerous prospective students have been referred to the Texas and Kansas State programs.

Mental Health Training Film Program

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MH–8313 1963–1968

This project had four objectives: (1) to produce a series of films dealing with problems and techniques in the field of community mental health which would be valuable for recruiting and training mental health specialists, for disseminating accurate and complex information, and for demonstrating new developments; (2) to obtain the specialized equipment which would enable the filming of actual clinical and real life situations; (3) to evaluate mental health films in various training situations and publish reports on these evaluations; and (4) to teach professional persons about the use of films as a part of their community mental health training. The results of this project can be summarized as follows: (1) 15 films have been completed; (2) experience has been gained in creating and using mental health films; (3) 24 articles have been published; and (4) there have been participation, planning, and collaboration in professional education both within and outside of the laboratory of community psychiatry.

Film showings at the annual programs of the American Orthopsychiatric Association and the American Psychiatric Association have been increasingly well attended and acclaimed. During the period of its NIMH funding, the Film Program was called on to give advice and assistance to many other training programs including at least 22 in the Boston area and at least 17 from the United States and Great Britain. Specific recommendations about appropriate films for training or optimal techniques for producing film and videotape materials were provided and for a larger number of people the Film Program continues to be a source of information about films and their utilization.

Work initiated under this grant has continued under other auspices. "Boys in Conflict" is a 72-minute documentary about the experiences of a young counselor in a camp for emotionally disturbed boys. Highly acclaimed for its richness, its realism, and its usefulness for training, it has been awarded a Blue Ribbon at the 1970 American Film Festival as the best of the mental health films. Another recent film is "Widows," a documentary which gives excerpts of the experiences of several women widowed from 6 months to 3 years. It is useful for orienting medical and volunteer workers to the specific needs of these women and their children.

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CLERGY

Training of Seminarians in Community Mental Health

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***MH–12174 1969–1971

The goals of this program are to train minority group seminary students and faculty members in the area of community mental health, utilizing the community mental center of Temple University as a base. The particular ways in which these goals are being implemented continue to evolve in an interesting and informative way. Four black seminarians in the full-time program are students at the Interdenominational Theological Center in Atlanta, Georgia.

A total of 25 seminarians and students participated in the training during the year just completed. This was the third and most successful year in the training program. In addition to the black seminarian who was here on a full-time basis, there were 10 Catholic seminarians, six students from Crozer Seminary, four students from the Philadelphia Divinity School of the Episcopal Church, and one each from the Philadelphia College of Bible, Gordon-Conwell Seminary, and the graduate program in Religion at Temple University.

Only one group of seminarians (five students from St. Charles Roman Catholic Seminary, back for a second year of training) worked actively with patients, under supervision. The remainder of the seminarians were involved in large and small group learning experiences. The large group gathered weekly on Thursday afternoons with at least three guests to discuss issues on the larger fronts of community mental health, and a variety of points of view were represented both in the teachers and students. These sessions lasted for about 3 hours, and actively involved students and staff.

Among the subjects that have been discussed in this larger group are urban education, mental health and illness, psychotherapy, abortion, woman's liberation, black power, the role of the minister, the nature of schizophrenia, community control, and urban renewal. The variety of points of view makes this a challenging teaching device. In addition, this same group participated in a study of group dynamics for 10 weeks earlier in the year.

In smaller groups, these same seminarians have had an opportunity to visit community groups, institutions, churches, other mental health facilities, and indepth, the various portions of this center. They have also been able to discuss in detail their reactions to what they have seen. Since the seminarians are all college graduates, and bring a variety of experiences to bear on what they see, these encounters have been quite valuable. This project represents one of the few such programs in which seminary students are given an opportunity to examine the roots of a community mental health program, and the basis for psychiatric evaluation and treatment. Potentially, they will be conversant with the mental health center movement, and can relate to it as community clergy. Those seminarians who will be full-time students can look forward to significant involvement in community mental health institutions in Atlanta, and can make use of contacts which have been initiated by staff with the Atlanta regional office, the Georgia Mental Health Institute, Grady Memorial Hospital, and several newly developing centers. It is also probable that roles will be created in these institutions for the returning seminarians, and it is intended to follow through on this as they return to Atlanta.

In addition to the three new seminarians, two other new members of the staff are assuming their duties at this time. The Rev. Richard Winn, a black Episcopal priest from Chicago has joined the staff and has assumed full direction of the black seminarians in the program; and Mrs. Angela Hughes, a resident of the catchment area is joining the staff as information specialist.

During the month of August, black seminary faculty members from several seminaries, including four from I.T.C. and several well-known faculty members from other seminaries will join the seminarians, other local black seminarians, local black clergy, and staff members in an intensive examination of black seminary studies. This represents a really unique opportunity for growth and for influence on the seminary curricula. During this time, there will be a continued focus on community mental health, and the community mental health center as a medium for social change and creative development of human potential.

This project has resulted in a new respect for the value of clergymen on a community mental health center staff, and a reevaluation both by the Temple center, as well as the institutions in Atlanta, of the role expectation of clergymen. There has been a gradual process of growth observable in the faculty of the Interdenominational Theological Center, and this program offers hope of fostering that growth. After this year, an intern year may be a very acceptable practice in that seminary, and they are also hoping to be able to coordinate a similar program in Atlanta institutions.

In recent months, many expressions of interest have been received from black seminarians across the country, since they do not feel that the current programs in clinical training really meet their needs. As word is spread about this program, it can be expected to result in changes in all those programs in which black seminarians are involved.

A paper describing the first 3 years of this program is in the process of preparation, and a panel is being prepared for the American Psychiatric Association meeting next year. Several black seminary study groups are being initiated across the country, and staff is involved in some of these study groups. It is hoped that this program can be continued and expanded to involve more seminary students and faculty members, and it is felt that the program should be under the direction of appropriate black administrators. Many of the consultants are white, and most of the part-time seminarians are white, but the focus of the entire program remains the black situation. A limited number of white students will always be involved.

Training of Seminarians in Community Mental Health

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MH-12811 1971-1976

This project is an outgrowth and further development of MH-12174 described previously.

The students enrolled in the project gain basic skills in mental health. Students learn to serve as treatment people on the team of professional and paraprofessional community mental health staffs. In addition to training in patient delivery skills they are trained in basic mental health terminology and treatment technique. They are trained to encourage and work for informed and positive community attitudes toward mental illness. Students are trained to organize communities to create conditions that foster sound lifestyles and to organize to create new institutions, when needed, to solve conditions that lead to community decay and poor mental health.

In addition to training students it is an objective of the program to influence the training process of seminaries and other clergy training institutions to be more sensitive and responsive to changing psychosocial needs of urban congested populations. The program works for reform and modification of curriculum in clergy training situations to include the close cooperation between the various behavior modification disciplines. In the community itself the program works for the imput of the best information available on pressing mental health problems, working to create mutual support and dialogue between the established institution, emerging groups, community people, professional help persons, volunteer organizations and mental health centers. The program works to make available to the larger mental health community a reserve of responsive and receptive support people trained to serve as auxiliary to the professional treatment process.

The program is a pilot project and its formally enrolled population has been small. Five men and one woman have completed a 1-year training course. The first students began training in 1970. The trainees were all students of a theological seminary and were studying at the graduate level. Each student interrupted his 3-year seminary course for a year in the "field" with the program.

For the mental health training component the trainees have worked on a work-study basis with the Temple Community Mental Health Center, Hahnemann Community Mental Health Center, Hahnemann Retardation Center, the Byberry unit of the Temple Mental Health Center, and Eastern Pennsylvania Psychiatric Training Institute. For the community organization component the trainees have been included in the program of Better Boys Foundation, Tioga Nicetown Community Organization, Community Organization unit of Temple Community Mental Health Center, Methodists United for a Better Community, the Chaplain's office of the Holmesburg Prison, the State Correctional Institution of Graterford, the Barbed Wire Society, and the Congress of African People.

The academic work involves intensive tutoring. Students have frequent conferences with the director and the supporting faculty and staff of the Institute for Black Ministries. In addition they have seminars with outside consultants brought in for their unique input. Students have extensive booklists that are kept current. The level of performance has dramatically been reflected in improved grades when students resume their previous seminary training. Trainees have in each case returned to their schools for the completion of their seminary training.

The field work component is made up of a rotating service through the various aspects of each mental health center—crisis treatment, in-hospital, outpatient, day hospital, etc. After the student has been exposed to each aspect of patient delivery service, he then concentrates in one service. The student's time is divided between the study of the theory of mental health and community organization and the supervised development of these skills.

This project is unique in that it is the only clergy training effort directed at creating a community resource versed in the treatment of patients and their environment.

There is a growing sense of need on the part of theological training institutions to draw together in one training process the theoretical and practical. This project has pioneered in creating a model that is sound academically, acceptable to students and seminaries. This project has moved from the supervision of a Department of Psychiatry of a medical school to a position of major importance in a school training contemporary style ministers.

Three eastern seminaries have joined together to offer a seminar program; two eastern theology schools have seriously examined the program with the view to incorporating many of its aspects.

Graduates of the program keep in close contact with it. Two report working as staff members in a mental health facility, three are doing more work or advanced study in mental health, and one is organizing a community mental health facility for children.

The popularity of the training process with potential students is convincing evidence that the need and desire for this sort of training project is great. Schools are strong in their praise of the benefits brought to their campuses by returning trainees. It is hoped to include the program in a wider urban reclamation training project involving all aspects of urban decay and renewal.

Internship for Clergymen in Urban Mental Health

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***MH–10310 1965–1970

This project has developed and tested a curriculum to teach clergy how to deal with the structural sources of mental and physical illness. It included specific goals of in-depth sensitization to urban problems, skill development in analysis and strategy, ability to identify and use community resources, skill in mobilizing groups of people for action, and role clarification both of themselves as clergy and of their religious institutions in relation to environmental health.

Fifty-six clergymen from 13 denominations have been trained in a period of 4 years, 41 in a 32-week course and 15 in a 16-week program. They were recruited from Protestant and Orthodox denominations and the Roman Catholic Diocese with help from an Interfaith Clergy Advisory Committee. Preference was given to clergy in the Greater Cleveland region for research purposes. These clergy came from both suburban and inner-city communities. The eligibility requirements were 4 years of college, 3 years of Seminary and 2 years of experience as ministers. These requirements were waived in a few cases to include more black clergy and members of other minority religious groups. Fifteen or 27 percent of the interns were black. The average age was 38.

The educational methodology has been one of engagement-reflection. Engagement, designed to take up one-half of a 5-day week, involved direct encounter with the victims, change agents, decisionmakers, and experts in a range of problematic areas, such as poverty, housing, youth, education, employment, health, aging, police-community relations, and institutional racism. The remainder of the curriculum was organized for inter-disciplinary reflection, in order to gain understanding, define goals, plan strategy, and develop professional competence as change agents within community and religious institutions.

Several instruments were developed for social problem analysis and strategy. Specific training components included anonymous plunges into problematic situations; seminars for instruction, reflection, and collaboration; task force development in specific problem areas; feedback designed to help in curriculum development and collegial practice; group process labs; written monographs and reports; and individual consultations with staff.

The role model used included the capacity to participate in conflictual situations and to take calculated risks; to collaborate across disciplinary, religious, social, and class divisions; to define social problems accurately, set realistic action goals, and plan effective strategy; and to relate one's religious tradition and institution to specific problematic situations.

The significance of this project was its emphasis on the environmental character of urban mental health and the recognition that clergy and religious institutions can play an important role in effecting the structural changes which are necessary to improve community health. The Project also developed a methodology of action training which could be applied to other professional and community groups which seek to effect environmental change.

This project has played a major role in the formation of the Action Training Coalition, an association of 20 action training agencies in the United States, Canada, and Puerto Rico, which offers training resources for the humanization of systems and institutions. In Ohio it has joined with trainers in Columbus and Cincinnati to organize a state-wide Action Training Network. This

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Network has done training in two Protestant denominations to eliminate racism from church structures. A third training contract will involve faculty from three seminaries that are concerned with curriculum reform as it relates to social conditions and the need for structural change.

As part of the Action Training Coalition, this project has shared its methodology and learnings with three national groups related to the education of clergy: the American Association of Theological Schools, the Association of Clinical Pastoral Education, and the Society for the Advancement of Continuing Education for the Ministry.

A direct outcome of the project locally is the organization of Community Action Training Services of Northern Ohio which will be funded by grants from Protestant denominations and contracts with both church-related and nonchurch groups engaged in systemic change actions. Methods and materials from the project have been utilized in 27 short-term inservice training events with a range of religious and community groups over the past 4 years.

The project participated in the Research on Training for Metropolitan Ministry in cooperation with the Urban Training Center of Chicago and the Metropolitan Urban Service Training Facility of New York. This research was funded outside of the NIMH grant and was carried out by the Ministries Study Board of the National Council of Churches. Its findings are being organized in a final report by the authors, J. Alan Winter, Project Director, and Edgar W. Mills, Jr. It will be published in 1970.

Thirty of the 56 graduates of the project now hold key positions in local congregations, specialized ministries in their denominations, and in community service agencies. Sixteen are involved in training or supervising others. Seven have initiated similar programs. Eighteen have shifted in their professional function. Twenty-nine have had an influence on their field.

One significant outgrowth of the project is the organization of Black Action Training in Cleveland, Ohio. It was developed by six black graduates in consultation with project staff, and it has recently received a large foundation grant to train clergy and laity from black churches for effecting institutional and social change.

An Action Development Form has been developed in the project which is being used in a variety of action training events. It is a tool for the statement and definition of social problems, the formation of action goals, and the planning of a strategy. Project staff has published 20 articles and has a number more in press.

One significant learning which will affect future action training and has implications for manpower utilization is a shift from training individuals apart from their group or system to training in the context of groups which must function together to achieve systemic change. This requires more time in the development and formation of groups which are committed to changing the policies and practices of social systems. In terms of affecting the environment—the structural sources of mental and physical illness—the pay-off is much greater when training is done with groups than with individuals.

A Community Project in Mental Health Training

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***MH–8572 1964–1967

The overall objective for this 3-year project was to bring together and train clergy and others of allied mental health disciplines toward collaboration of individual and community mental health problems. The aim for curriculum development was to incorporate substantive and facilitative features so that members of each discipline would work on theory and practice in their collaboration within their home communities. Key communities were selected in a variety of areas within Indiana to increase mental health manpower in rural and urban settings.

Six cities were selected as administrative centers. They provided access to rural and urban problems, varying degrees of sophistication in the organization of mental health resources and were located in different areas of the State under the Department of Mental Health. These cities were also centers to which clergy from surrounding communities normally go for mental health assistance.

Seventy-eight clergymen from 23 Indiana communities and 18 persons from the disciplines of medicine, psychiatry, social work, and psychology participated. Six clergymen were appointed to staff positions for training in administration, curriculum development and application, and to assist in the supervision of clergy enrolled. Subsequently all were employed by institutions or agencies interested in clergy trained as mental health workers. Three eventually became certified clinical pastoral educators and now have continuing education programs for clergy.

In each of the six cities a local sponsoring committee was formed to assist the staff in the use of community resources and for enrolling clergy and others of allied mental health disciplines. In each the program lasted 1 year. The curriculum opened with orientation seminars. These were followed by a week of clinical studies in a medical setting and on the last day the participants elected a curriculum committee to select future topics based on local mental health problems. These were scheduled for triweekly seminars in their home community and for the second week in the medical setting 3 months later. This was followed by another 3 months of seminars in the home community. Each clinical week was scheduled at Indiana University Medical Center. Nearby participating facilities were Methodist Hospital of Indiana and Central State Hospital.

Among factors considered to be significant by the staff was the collaboration between clergy and community resource persons in developing a curriculum based on local contemporary community mental health needs. It was felt this contributed to several developments after the program terminated. In one community a counseling center was developed, in two other locations seminars continued and in all better relationships were effected between agencies and the clergy. Another factor was the assistance of community agency supervisors in three mental health agencies in the first city to devise case reports for use by the staff in teaching. These were written to train the clergy in the recognition of symptoms warranting referral or consultation. Other teaching methods included role playing, pastoral case reports and individual supervision of pastoral methods. In general, traditional elements in clinical pastoral education were applied successfully in linking established training centers with community situations some distance away. This combined intensive supervision in controlled environments and interdisciplinary consultation and supervision in the local environment.

In addition to the above local effects the project became a stimulus for the project conducted by Christian Theological Seminary, Indianapolis, with staff serving as consultants in the development of this program, and in leadership capacities.

Brief notices of the project were published in four journals. Seventy-nine requests for the final report, some requesting the curriculum materials, have been filled. These came from 29 States, Canada, Belgium and Scotland. The majority were from mental health centers; some from pastoral counseling centers, foundations, universities and individual clergymen. In addition, three articles have been published by lecturers in the program.

Some of the findings raise implications for effective utilization. The local sponsoring committee was necessary for supporting promotion. It served best when composed of leaders of diverse religious elements and agencies within the community. These leaders should have followers who accept the objectives to be achieved as a common denominator to diverse local tensions regarding mental health problems. During development and orientation careful selection of participants from other disciplines is necessary to enlist them as collaborators rather than as teachers of the clergymen. The development of a curriculum committee elected by the clergymen themselves reinforces motivation to learn and assures representation of various existing mental health problems. Where clergy from "sects" predominate in the group, more prepared or substantive curriculum material is needed. Where "mainline" clergy are enrolled facilitative learning can begin early and substantive material can be reduced.

Advanced Training in Pastoral Care and Counseling

Rev. Thomas W. Klink (deceased) [1]
Department of Education
The Menninger Foundation
Topeka, Kansas 66601
***MH–8211 1963–1967

Program objectives were primarily to increase significantly the availability of mental health care by the training of clergymen as skilled paraprofessionals in mental health care. The specific program objectives were (1) to offer each trainee an opportunity for supervised clinical experience; (2) to introduce the trainee to both basic and advanced concepts of personal counseling, conjoint marital counseling, detection of serious mental illness, theories of personality, and understanding of the contexts in which clergymen and mental health professionals live and work; (3) to introduce trainees to concepts of consultation with other mental health professionals; (4) to begin educating the trainee in the skills of supervision.

During the time in which support from the National Institute of Mental Health was received, 48 persons were trained. The program has continued without NIMH support, and at the present date 100 persons have been trained. In its present form, the training program has been in operation since August 1, 1964. Trainees were required to be clergymen with at least 3 years' experience past formal certification of their status as clergymen, or nuns with at least 3 years experience past their final vows as religious women. The average number of applicants each year has been 100, from which an average of 12 have been selected. Trainees have included clergy and religious of the Roman Catholic Church, of all of the mainline Protestant denominations, and one Reformed Rabbi.

The teaching and educational resources of the entire Menninger Foundation cooperated in the training program, as well as the clinical services of the Menninger Foundation. In addition to these, there were a number of other cooperating institutions and agencies.

Academic components of the training program included two didactic sequences, one focusing on underlying theory (personality theory, theory of social systems, relationships of theology and psychiatric theory) and the other focusing on specific clinical theory (theory of marital counseling, theory of pastoral counseling, leadership training, organization of groups and institutions for caring purposes). Each trainee participated in a group dynamic sequence together with trainees in other professional programs at the Menninger Foundation. There was a weekly case conference focusing on the work of a particular trainee with a given client. Heavy emphasis was laid on the use of videotaped materials prepared by students in their work with clients and parishioners. Each training year was 11 months long, beginning with a two-week orientation period. The unique factor in this program is the location of each trainee in a nonclinical setting. All other such training programs, at the time of the inception of this program, placed the trainee in clinical settings.

Two major role models were used. The primary role model was the parish pastor. Here the trainee was taught that he could operate as a mental health paraprofessional within the limits of a role model already familiar to him. A second role model developed, however, as some trainees displayed an interest in new and more unusual forms of ministry. This was the model of the minister in the mental health setting. Models were avoided which denied the relevance of the original role expectations of the minister.

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[1] For current information, contact the Director, Department of Education.

Approximately one-half of the graduates from this program have returned to the parish ministry. The other half have undertaken specialized ministries as members of staffs of mental health centers and hospitals. In both these groups, a significant percentage—about one-third in each group—have undertaken extension of the model by becoming supervisors themselves, both in parishes and in mental health settings. The increase of the community mental health center model in many communities has opened a new potential opportunity for graduates of the program. In addition, some trainees in returning to the parish have organized their parishes along lines of special ministry.

This project demonstrates that clergymen can make significant use of additional skill training in operations which remain within the context of ecclesiastical life but which are also relevant to the mental health needs of a wide variety of populations. It demonstrates that the local church, with proper leadership, does in many cases become a primary source of mental health assistance to persons sensing themselves to be in trouble, and that the leadership resources of the leading clergymen can in many cases become a part of the ministries of lay people within the congregation. It is also significant that the properly trained clergyman, in a significant percentage of cases, becomes a trainer himself, usually through the medium of advanced training in supervision. At the inception of this program, no other training agencies considered the parish to be a proper setting for training. Through the influence of this project, however, the usefulness of the parish as a training setting has been increasingly widely accepted, and programs using models which differ in some respects have nonetheless come to adopt this portion of this model.

Graduates of this program are operating in three foreign countries, as well as in every major geographical region of the United States with the exception of the Southwest. As a side effect of this, program training of various ecclesiastical officials has begun, in particular those of the United Methodist and United Presbyterian Churches. As suggested above, this program has had some influence in modifying practices in other clinical training institutions, and in taking training in part out of purely clinical and pathological oriented settings to a wide variety of settings which deal with "normal" populations. In the local community, lay members of churches have come to accept both the presence of counselors on church staffs and their own mental health responsibilities. In several individual cases, the resources of a group of people have been mobilized, both on emergency and on ongoing bases, to meet the mental health needs of persons in crisis situations. Graduates of this program are increasingly involved in the direction and conduct of regional workshops, particularly in the midwest, designed to help a wide variety of ecclesiastical administrators to be more sensitive to the needs of local pastors both for training and for personal support.

New training programs, adopting some or all of the model, have been established in at least six other settings throughout the country. In addition, programs not designed directly for training, but designed rather for consultation and support of clergymen in their current roles, have been established.

Graduates of this program work under a wide variety of titles, including the following: Chaplain of a mental hospital, chaplain of a general hospital, minister on the staff of a mental health center, chaplain of a college, counselor to a province of religious women, pastor of local church, minister of counseling on the staff of a local church, ecclesiastical administrators of various kinds, professors of counseling at seminaries, chaplains in industry, presidents of seminaries, directors of field work, and others. One failure in this program, as staff sees it, has been that only a few of the graduates have exercised influence on the field through the medium of professional publication. Although staff contributes regularly to professional journals, and publishes professional books in the field, only three of the graduates have published professional articles. Steps have now been taken in this program to demand the development of writing skills as a part of the program.

The staff engages in publication on a regular basis, and in the usual exchanges of information at professional meetings. In addition, both the staff and the trainees have been used in at least 15 different consultative operations during each year that the program has been in operation. Opportunities for "students in residence" have been extended to professors, other teachers, and chaplains in the field, and these opportunities are regularly used.

Pastoral Counseling Preparation for Rabbinical Students

Rabbi Bernard Mandelbaum
Jewish Theological Seminary of America
3080 Broadway
New York, New York 10027
***MH-8040 1963–1966

The purpose of this program was to develop curriculum and testing procedures for instruction of rabbinical students in pastoral counseling.

Since the program began in September 1963, seven classes of approximately 25 students each have been graduated and most of these students have completed the training program. The program runs 3 years. In addition there are two classes currently enrolled.

Students are all college graduates and full-time students in the Graduate Rabbinical School of the Jewish Theological Seminary of America. Most will go on to congregational work. A few plan to remain in academic life. The course was initially required of all students planning to undertake congregational work, but in 1969–70 there was a revision of academic requirements. At present only the introductory series of lectures is required while the rest is optional. Despite the change, almost all of the students continue to take the full course.

As presently constituted, the training program includes two semesters of class at the rate of 2 hours a week. This classroom work may consist of lecture, recitation or seminar discussion. There is a full year of service in a community service organization, to which the students are expected to give 2 hours or more of work each week. Here, under supervision, they participate in the care of individuals seeking help, and are instructed by both the personnel in the institution and our own faculty. This includes some of the large social service organizations in New York City, homes for the aged, homes for the blind, hospitals, and also a counseling service developed within the department.

The first required lecture series includes basic introductory material, such as the psychology of normal behavior, child development, and gross psychopathology. The second series of lectures, which is optional but popular, includes lectures on group psychology as it pertains to the religious congregation, techniques of counseling, psychologic valence and significance of religious ritual and belief, and the rabbi's role in the prevention of mental illness.

In their agency placement, students are expected to come to grips with the experience of dealing with individuals in trouble, to learn to analyze their problems, to formulate a plan of assistance and to carry it out. Because all serve in specialized agencies, one session per month is provided to permit students to exchange experiences and, with the assistance of faculty, to relate their practical experience to the didactic material which they have learned. Last year the department conducted for the first time a seminar meeting weekly for 2 hours, dealing with current problems in such areas as sexual behavior, abortion, drug abuse, and suicide. This was entirely elective but drew a large number of students and some alumni.

Using the rabbinical members of the faculty of the department in the seminar discussions has improved the teaching. The rabbis were able to describe their own counseling experiences. Since they are rather distinguished within the rabbinical community, the students regarded them as role models, and then, as was subsequently learned, when they began their congregational work, they involved themselves in counseling with some interest and some ease.

The impact of the program upon the community is difficult to assess. However, it is known that the program exerts considerable influence upon the graduates and some influence over the entire rabbinate in the Conservative Movement. One graduate, upon accepting his first position in a new community, immediately proceeded to mobilize community support and then to organize a community mental health center.

One of the unexpected but fortunate effects of the program has been a shift in the attitude of the social service organizations to which students have been assigned, not only toward the students but toward cooperation with the clergy in general. When the program began, a good deal of both overt and covert opposition to the idea of any kind of clerical involvement in counseling was encountered. However, the students have demonstrated to the workers in these institutions that they could be helpful in specific ways. Staff believes that a change in attitude on the part of social service organizations can be seen. One evidence of the change is that whereas at first it was difficult to find enough placements for students, now the institutions are vying with each other to have students assigned there.

Most of the graduates assume positions as congregational rabbis. As such they utilize the counseling skills taught in the program. Some students, before graduation, function as leaders and organizers for the youth organizations, summer camps, and campus groups. Here they utilize the skills which they have been taught.

One of the developments is the creation of a counseling center within the institutional walls.

Departmental faculty has been active in disseminating information about the program to both professionals and laity within religious Jewish institutions in general and the Conservative Movement in particular. Staff has addressed conventions of the Rabbinical Assembly, meetings of lay groups, teaching programs of military chaplains, social workers, social service educational programs and religious school principals. Professional papers have been presented at meetings of social workers, general practitioners, and other professional groups. Papers have been published in the *N.Y. State Journal of Medicine*, the *Journal of Jewish Communal Service*, and *Conservative Judaism*. Staff is in constant and close touch with alumni, teaching them in intramural post-graduate sessions, and sending out instructive sample case records with analyses and other material several times a year.

Following the termination of the grant in 1966, private sources of funds have been tapped to continue and to extend the teaching program.

Training Program in Marriage and Family for Clergy

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55-5th Avenue
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MH–6407 and 1956–1967
***MH–7448

In 1956 the NIMH awarded Yeshiva University a grant to develop a pilot training program for the purpose of evolving mental health teaching materials for clergy (parallel grants were awarded simultaneously to Harvard and Loyola Universities).

In 1962 the NIMH awarded a second pilot training grant to develop a program in Marriage and Family for clergy. (This project was carried forth in cooperation with Harvard Divinity School and the Department of Psychology at Loyola University, represented by the late Dean Samuel Miller and Dr. Leroy Wauck, respectively.)

When the Yeshiva Project first addressed itself to this task, it was with the intention of attempting to evolve mental health teaching materials. After considerable effort in this direction it became evident that this process would not result in the evolvement of a definitive educational program for clergy because two basic conditions were not met.

First, there does not exist among religious and mental health educators a commonly defined conception as to the nature of the clergyman's role in mental health. This applies also with respect to the clergyman's role in such special mental health areas as marriage counseling and pastoral counseling. Secondly, there does not exist a source of mental health knowledge commonly accepted as a specific source of subject matter out of which course materials for clergy could be developed.

The Yeshiva Project determined that its major function was to examine several basic issues and, through some objective methods, including consultation with religious and mental health educators, arrive at some formulations with respect to these issues. The Projects' formulations are as follows: The clergyman's role with respect to mental health is to make available the resources of religion in a manner that they can serve as a motivating force in assisting the individual to cope more effectively with his mental health problems.

What this implies can best be appreciated when contrasting to the view of some religious and mental health educators who see a clergyman's role in mental health as that of a helper to those seeking assistance for their mental health problems. According to the Yeshiva Project, this general definition makes the professional function and education of the clergyman indistguishable from that of the mental health worker. What is more, this open-ended conception role is not in consonance with the position of leading religious and mental health educators who feel that the clergyman's mental health role has to be of such a nature that it reflects his vocation as religious and spiritual leader and guide to his people.

The basis for the clergyman, as a religious and spiritual leader having a role in mental health, is rooted in two premises: (1) that values, in addition to their social and cultural significance, have a psychologically demonstrable role in determining the degree to which an individual will be able to effectively cope with the incapacitating effects of stress, internal, as well as external; (2) that religion is recognized to be a repository of wholesome and positive life values. Thus, in terms of its ideals, concepts, moral and ethical principles and philosophy of existence, religion reflects values relating to all aspects of the human condition which are presently recognized to be wholesome when measured against the broad criteria of mental health and mature living.

In order that the clergyman become capable of utilizing religiously-derived values as his specific contribution to the management of mental health problems, he has to be educated in two areas of knowledge: (1) A comprehensive understanding of religiously derived values in terms of their mental health significance, and the relationship of these values and their helping potential to people dealing with the range of stress situations that confront the individual in the course of daily living; (2) knowledge in the mental health sciences.

The task involved in making such clergy programs available, according to the Yeshiva Project, is a multifaceted one involving the following steps: (1) In the seminaries the educational programs have to be so designed and structured that the theological student will cultivate an appreciation of the values implicit in religious resources in relation to their potential significance in assisting people, both in the area of prevention and the management of mental health problems. (2) With respect to the mental health sciences, it is necessary to evolve subject matter in mental health which will provide the clergyman with the capacity to understand the place and relevancy of his resources in the management of mental health problems. (3) A field work and clinical program must be designed specifically to provide the clergyman with the type of practical experience that he, as a clergyman, requires to develop the skills necessary for the effective communication of his resources.

It was Yeshiva's conclusion that the clergyman's capacity to participate in the area of mental health is not only determined by the degree to which he is capable of using his resources. In addition to training the clergyman, it is necessary to provide the mental health worker with an orientation relative to the clergyman's mental health role in order that he be able to cooperate with him.

In addition to arriving at these basic formulations relative to the task of developing a mental health education program for the clergy, the Yeshiva Project has made the following contributions to program development: (1) Determined the basic characteristics of knowledge in the mental health sciences and field work experience to serve as the basis for developing the necessary teaching materials; (2) delineated the categories of religiously-derived values which would be of especial significance for clergy to communicate; (3) outlined the type of program to be made available to mental health workers to enable them to make optimal use of the clergyman as a resource person in the management of mental health problems; (4) communicated its findings to leading religious and mental health educators relative to the task of mental health education for clergy and underscored the need for a refocusing of seminary education to achieve this end; (5) obtained the support of religious and mental health educators capable of utilizing Yeshiva Project's conclusions to formulate a focused mental health education program for clergy.

Development of a Mental Health Curriculum for the Training of Theological Students

Samuel H. Miller
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Cambridge, Massachusetts 02238
***MH–6406 1956–1961

The project was set up to investigate training Protestant seminarians in mental health theories and practices. The training involved was thought useful both for its own sake in sending out to the seminaries and churches men grounded in mental health work and for its function as a laboratory in curriculum study and the development of methods and texts.

Approximately 20 Ph.D. candidates were trained in the field of religion and mental health. Approximately 40 B.D. candidates worked in field education projects in religion and mental health. And approximately 120 students (primarily B.D.) took part in classes and seminars on the subject.

The project resulted in the following books:

The Ministry and Mental Health, Hans Hoffman, Association Press, 1960

Making the Ministry Relevant, Hans Hoffman, Scribner's, 1960

The Abnormal Person and His World, Paul J. Stern, Von Nostrand Press, 1964

Religion and Mental Health, Hans Hoffman, Harper and Row, 1961.

The fourth of these books is a text developed especially for use in seminaries and divinity schools.

Within the Divinity School, the growth and professionalization of the field education program to its present position, (by vote of the faculty this spring) as a 2-year requirement within the B.D. program; the current capital drive to endow a chair in pastoral counseling; the new involvement in training for clinical psychology throughout the University as recommended by report of a special committee appointed by the President; and the calling of Dr. William R. Rogers, associate professor of psychology and religion and associate dean of Earlham College, as a visiting lecturer next spring term—all these are only a few among the many indications of the project's continuing influence.

Development of a Mental Health Curriculum for Training of Theological Students

Rev. V. V. Herr
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***MH–6404 1956–1962

This project was an interdisciplinary approach to the study of the role of religion in mental health, in an attempt to make better use of the behavioral sciences in the training of priests and ministers. Schools of the three major faiths worked together, with projects conducted at Harvard Divinity School, Yeshiva University, and at Loyola University of Chicago. It is a unique project in the sense that nothing like it had been done by the churches before, and certainly not with Government support. Over 150 major Catholic theological seminaries cooperated in this pilot study and received all of the results of the study progressively from the years 1962-1967.

The Loyola project aimed to prepare and present materials and methods that have been developed in the behavioral sciences to assist in the training of clergymen. The final result would be that clergymen, in their role as clergymen, might contribute in their own unique way to the mental health of the Nation. All these seminaries declared themselves willing and eager to accept newer methods of training, when and if their efficiency had been well established. The three main objectives of the program are (1) the preventive aspects of mental health, (2) aiding the actually mentally ill through skillful use of techniques of referral as well as through religious resources, and (3) fostering mental health through encouragement of the type of training that will guarantee the most adequate development of each individual personality.

Project workers realized very early that the precise role of the clergyman would need clarification. Thus, many subsidiary projects soon assumed important proportions in the total study. These were: to ascertain what attempts are being made by seminary heads and teachers toward clarifying the role of the clergyman in maintaining mental health; to learn what satisfaction seminarians have received from existing training methods and what steps are being taken to evaluate and to improve the situation; to ascertain what knowledge clergymen in general have with regard to the goals and methods of the ancillary mental-health disciplines and what kinds of screening of candidates for the ministry are being used.

It should be noted that the advisory board for the Loyola project had representatives from the following disciplines: theology, psychiatry, medicine, psychology, sociology, anthropology, education and administration. Existing agencies, in the mental health field, directors of institutes and workshops in mental health, and seminary heads also cooperated.

The Loyola Project was actually a continuation of a counseling program for clergymen which had been begun by the Archdiocese of Chicago 5 years prior to the beginning of the NIMH project. This same counseling program continues to function at Loyola as part of university training for clergy as well as lay persons.

As is well known, Vatican Council II made a thorough study of Catholic seminaries all over the world and at this Council one of our Loyola Project workers, Reverend Charles A. Curran, acted as an expert consultant for 2 years. The director of the project, the Reverend V.V. Herr, S.J., was also called in during the closing sessions to confer with the Council representatives in regard to the curriculum for training seminarians. Therefore, it is obvious that the study done at Loyola is having national and even international repercussions. Almost all of the rectors of the cooperating major seminaries asked for and received copies of the course materials. They also sent in very helpful comments in regard to their own reactions and these were incorporated in the revised editions. The project director attended the National Education Association meetings every year from 1962-1967, and addressed the rectors of all the Catholic seminaries concerning the project.

Within 2 years of the completion of the project, five books have been published, describing the course content which our project recommends for seminarians. One of these books, prepared by the codirector of the project, who was a priest psychiatrist since deceased, has received the widest circulation. Several of the books will be published in foreign languages.

The Loyola project is probably responsible, at least in part, for several newer projects of much wider scope in the United States within the last 2 years. One of these is supported by the National Council of Bishops; it will last 3 years and will evaluate the personality of Roman Catholic clergymen in terms of efficiency and creativity in promoting mentally healthy religious life. Another project, supported by members of different religious orders, evaluates the selection processes now being utilized by religious sisterhoods. Of course there is a double aspect of this selection; namely, to protect the religious themselves from becoming mentally ill, and to aid them in fostering better mental health among the children and others entrusted to their care.

Loyola University has received an additional grant for modernizing the program of counselor training.

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LAWYERS AND JUDGES

Summer College and Workshops for Juvenile Court Judges

Mr. John F. X. Irving
National Council of Juvenile Court Judges
1155 E. 60th Street
Chicago, Illinois 60637
***MH–10295 1965–1969

This is an intensive training program for new or recent juvenile court judges as a demonstration of how the problem of equipping judges for the difficult and specialized responsibilities of juvenile and family court work might be approached. The program centers around a four-week summer 'college' but, in actuality, is an integrated ten-month program involving orientation, pre-college extension study and post-college in-service continuation training. The program curriculum focuses on three major areas: (1) law, procedure and function of court; (2) understanding of delinquent behavior and related problems; (3) personal skills, e.g., leadership, communication, interpersonal sensitivity, problem solving styles, role definition.

Program for Training in Psychiatry and Law

Dr. Seymour Pollack
School of Medicine
University of Southern California
Los Angeles, California 90033
***MH–10289 1965–1967

This project developed a training program to promote communication and improve working relationships among those concerned with psychiatric legal problems. Two major patterns were used in the organization of courses; one plan took some group of problems and had in the course representatives of all the interested groups; the other plan had a course for people from some particular institution who presented their special problem. The training programs were in the following four major areas: (1) Law enforcement-seminars with police officers and sheriff deputies directed to recognition and management of the mentally disturbed offender; (2) prosecution-seminars with deputy district and city attorneys, public defenders and State attorney generals directed to psycho-dynamics of personality development, motivations of antisocial behavior; (3) correction-seminars with correctional officers, parole, probation, and institution staff directed to psychodynamics, group dynamics, and group therapy; and (4) civil areas-seminars with staff in the Department of Adoptions in the Superior Court and Domestic Relations, marriage counselors directed to psychodynamics, family dynamics and brief family therapy.

Behavioral Science Teaching in Law Schools

Dr. Herbert C. Modlin
Division of Law and Psychiatry
Menninger Foundation
Topeka, Kansas 66601
***MH–10288 1965–1967

This program conducted four 3-day working meetings to consider the need for more behavioral science content in the curriculum of law schools. The conference participants were limited to 12 distinguished persons from psychiatry, law, school faculties, and social scientists teaching in law schools. The primary objective of the project was to construct a supplementary curriculum of behavioral science (course work and practicum) for the law schools to assist and encourage these schools to include this material within their traditional offering.

Psychiatry and Law for the Judiciary

Dr. Seymour Pollack
School of Medicine
University of Southern California
Los Angeles, California 90033
***MH–8278 1963–1968

This project trains jurists in psychiatric principles. The objectives of the training program are to develop in the judiciary a greater awareness of psychiatric principles and issues involved in law; to demonstrate the influence of this increased awareness upon judicial operations, legal and social processes; and to demonstrate the relationship of the judiciary to contemporary social values and the field of mental health. Training consists of eight 2-day institutes per year devoted to topics of importance to judges, and presented by experts drawn from the entire country. Areas covered within the context of law-psychiatry relevance include personality development, variations in psychiatric frames of reference, conscious and unconscious mechanisms, concepts of free-will and responsibility, mental disease, the psychiatrist as an expert witness, evaluation of testimony, domestic relations, sexual development, psychiatric concepts of various offenses, and penology and probation.

An Interdisciplinary Law-Medicine Institute

Mr. William J. Curran
School of Law
Boston University
Boston, Massachusetts 02208
***MH–6588 1958–1963

The object of this project was to establish a Law-Medicine Institute to be conducted jointly by the Schools of Medicine and Law. This Institute functioned jointly as a center for interdisciplinary training in the overlapping areas of law, medicine, and the behavioral sciences. The long-range plan was to incorporate training and teaching material into the process of the regular ongoing professional education in law and medicine.

Behavioral science materials were developed for use in law school courses. Medicolegal materials were developed for medical school education in psychiatry, preventive medicine, industrial medicine, legal medicine, etc. The intent was to train law students as well as medical students and those in allied medical fields, primarily psychiatry. Field work was affiliated with the Massachusetts Department of Mental Health's Division of Legal Medicine.

Development of Content and Methods for Teaching Human Behavior to the Law Student

Dr. Richard C. Donnelly (deceased)
Yale University Law School
New Haven, Connecticut 06520
***MH–6413 1956–1964

The basic purpose of this project was to develop new teaching materials and methods of instruction and training, and to use and evaluate those materials and methods, in preparing lawyers, critically, to apply the relevant ideas and methods of behavioral science in the practice and scholarship of law.

Training Law Students in the Behavioral Sciences

Mr. Louis B. Schwartz
Law School
University of Pennsylvania
Philadelphia, Pennsylvania 19104
***MH-6166 1955-1963

The goals of this project were (1) to develop methods and materials for utilizing relevant modern knowledge of human behavior, particularly psychology and psychiatry, in the study of law and in the training of future lawyers; (2) to facilitate communication between lawyers and psychiatrists and to evolve effective teaching techniques by conducting an experiment in teaching collaboration; (3) to embody the results of this experiment in a collection of teaching materials and a teacher's guide; and (4) to train the faculty. Emphasis was placed on the development of course books.

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PERSONNEL IN CRIME AND DELINQUENCY

Prevention and Control of Juvenile Delinquency

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Law School
University of Minnesota
Minneapolis, Minnesota 55455
***MH-11505* 1968–1971

The Juvenile Justice Institutes include two highly related but distinct educational programs, one for police, probation and parole personnel working with juveniles, and the other for juvenile court judges with some representation of persons serving as defense counsel in juvenile courts. Through provision of broad and carefully designed educational experiences for these two groups, the Juvenile Justice Institutes strive to contribute to the professionalization of the juvenile justice system. In contrast to "in-service training" the institutes use creditable college level courses which encompass law, communications, behavioral dynamics, and delinquency prevention and control, but also include courses that focus on special concerns and problems faced by each professional group represented in the total student body. Persons enrolled in the Juvenile Officer's Institute may be registered for 12 undergraduate or six graduate credits for the 8-week period.

Both the selection of students for the Institutes and the timing of the two programs are aimed to enhance their educational values for all participants. More than half of the students enrolled in the Juvenile Officers' Institute and three-fourths of the judges are drawn from outside Minnesota and include persons from every region of the United States and not infrequently a few from foreign countries. The Juvenile Court Judges' Institute begins 3 weeks later than the Juvenile Officers' Institute to permit them to operate concurrently over a 5-week period. This arrangement permits judges, defense counsel, police and correctional personnel to be brought together for some educational experiences pointed toward development of some cooperative efforts within the various segments of the juvenile justice system.

The combined programs have, over the past 14 years, enrolled a total of 739 representatives of the juvenile justice system. Five hundred ninety-three of the graduates have been juvenile officers and 146 have been judges. Many of the police officers come with but a high school education, some with 1 or 2 years of college work. The majority of correctional personnel have undergraduate degrees and most of the judges have law degrees as well. Geographically, registrants have come from 40 different States and 10 foreign countries, representing many different roles in the juvenile justice system, including juvenile police officers, police training officers, probation-parole officers, correctional institution workers, correctional training officers, juvenile court judges, juvenile court referees, county attorneys or prosecutors and private attorneys employed by legal aid societies or neighborhood legal service agencies.

During the course of the 8 weeks of the Juvenile Officers' Institute and the 5 weeks of the Juvenile Court Judges' Institute, the students are differentially exposed to a broad selection of coordinated educational experiences made possible through the cooperation of many educators and practitioners of the juvenile justice system. Basic core classes offered in the Institutes for undergraduate or graduate credit are presented in classroom or seminar type sessions with heavy emphasis placed on class discussions and student participation. Additional classes, not offered for credit but extremely important to their comprehensive educational experience, follow a variety of outlines and models. Through the cooperation of representatives of local juvenile justice systems, a field study or practicum program has been developed for the institutes. Used as a laboratory for study, this program brings to the classrooms vivid practical dimensions to the subject matters considered. Another educational experience is provided through the organization of students into small, 10-man discussion groups through which they can examine their effectiveness in relating to others and how other people affect themselves.

It is difficult to measure the impact the Institutes have had on juvenile justice systems locally and across the Nation. Most meaningful indices come from recruitment of registrants, feedback materials from graduates and inquiries made about the programs throughout the year.

Either out of desire to improve their present job performance or because they are about to embark on new and greater responsibilities within the system, an increasing number of applications are received each year. Frequently requests are received from police agencies that one or more of their officers be admitted because the department is about to establish a juvenile division or a school liaison program. Special efforts are made to respond to such requests but increased numbers of applications also mean increased rejections since the combined institutes can accommodate no more than about 80 to 90 persons with the present level of staffing. Many individuals and agencies now reserve space in the Institutes a year in advance. By and large, recruitment is done through word-of-mouth and distribution of printed announcements upon request. Little, if any, systematic recruitment has been necessary.

Each year, about 3 months after the completion of the Juvenile Officers' Institute, graduates and their supervisors are asked to describe any change in student job responsibilities and work performance which appear to result from their experiences at the University. The range of responses are both interesting and encouraging. Most responses reflect no change in job responsibilities, but do report an increased sense of understanding and knowledge that has improved the graduate's ability to work with troubled youth and other personnel within and outside of the juvenile justice system. Some respondents reported promotions and increased responsibilities and duties as a direct result of their graduation from the Institutes. These promotions have included everything from becoming supervisors, heads of departmental divisions, and training officers to advances in salaries for better performance of the same work. Many judges report that they have developed and introduced new programs and procedures into their courts and related services. Several of them have structured programs through which they can improve communications between service agencies working within the court system to prevent future problems and develop effective coordinated working relationships.

Throughout the year inquiries are received from organizations of all types requesting information about the Institutes and advice on planning and conducting educational programs of like nature. Many of these inquiries are from agencies organizing inservice training programs. However, other universities have also asked help in planning educational programs modeled upon the Institutes.

No attempts have ever been made to bring into the Institutes persons who are not presently employed within the juvenile justice system. The thrust of the programs has been to upgrade the students' work performance back on the job.

Projected plans for the Institutes are to continue seeking about the same level of financial support for future institutes as has been received in the past. In late 1968, the University of Minnesota increased its commitment to the program by furnishing the salaried position of assistant to the director, who is also salaried by the University. Increasingly, agencies and departments which have been sending representatives to the Institutes have obtained means by which they can assist in paying part or all of the registrants' living and travel expenses while at the University.

Center for Training in Differential Treatment

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*MH–10893 1967–1970

The primary objective of the Center for Training in Differential Treatment is to develop and evaluate training programs and consultation procedures in the use of Interpersonal Maturity Classification (I-level) and intervention strategies for delinquents based on the Differential Treatment Model. The Center staff consists of a program director, two trainers, one research analyst, and two clerical positions. A video production company is under contract to the Center. College students assist in data collecting and processing.

Between November 1967 and May 1973, 28 training workshops were held, mainly at the Training Center in Sacramento, ranging in duration from 1 to 9 weeks. Numerous shorter presentations of Training Center activities have lasted from 2 hours to 3 days. The 1-week workshops presented (1) overviews of Differential Treatment for administrators, (2) Differential Treatment planning for treatment supervisors, and (3) treatment of specific subtypes for worker specialists. The purpose of four 5-week programs was to develop trainers in I-level and Differential Treatment for non-California correctional agencies. The aim of a 6-week program was to develop diagnosticians for reception centers of the California Youth Authority. Three 9-week sessions focused on the training of regional, interagency Training Teams.

A total of 334 trainees have participated, including representatives of administration, probation and parole supervision and line staff, intake workers, research and training staff, chaplains, academic teachers, and cottage life staff. Academic backgrounds of trainees include 20 doctorates, 93 masters, 174 bachelors, 32 with 1-3 years of college, and 15 high school graduates.

Trainees were selected from agencies which agreed to attempt to implement Differential Treatment concepts in some aspect of their program. Trainees have represented agencies working with the range of severity of delinquency problems, from prevention (e.g., Big Brothers) to maximum security institutions for habitual offenders. Workers from juvenile and adult programs, from institution and community-based programs, and from county, State, Federal, Canadian Province, and private facilities have also been included. A few participants have been university-based.

Important collaborators in practicum aspects of the training have been a number of facilities of the California Youth Authority and adult probation subsidy units of Santa Clara and San Francisco counties.

Training methods of the Center include lecture presentations, small group discussions, observation of ongoing Differential Treatment programs, practicum in interviewing and Differential Treatment planning with individualized feedback from staff. T-group methods have been used, as appropriate, to improve the quality of communication in the training sessions and in the development of Treatment Teams.

A unique feature of the training program is its attachment to an ongoing demonstration and research project, the California Youth Authority's Community Treatment Project (CTP). The training involves utilization of innovative research findings as well as teaching both current and evaluative material. Another unique feature of the Center is that the curriculum is based on a rational division of the heterogeneous offender population into subgroups for which the nature of the problem, the treatment goals and correlated treatment strategies have been defined. One of the most interesting implications of the Differential Treatment Model has to do with the "matching" of clients and workers. Center staff have worked with social agencies to help them choose members of their staff most appropriate to work with various kinds of delinquents as an aid in selecting staff for specific treatment training.

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[1] Current information on the project can be obtained from Mr. George F. Howard, Acting Project Director, Human Learning Systems, Center for Training in Differential Treatment. 3614 Fifth Avenue, Sacramento, Calif. 95817.

Follow-on consultation, typically focusing on help with ongoing practicum and inservice training and implementation problems, is available to participants and their parent agencies.

A number of criteria useful for predicting successful learners have been developed from audio-recorded pre-training interviews and a paragraph completion instrument. An index which predicts success in training has been developed from a self-rating instrument which assesses each candidate's treatment orientation. A CTP instrument for the selection and matching of worker specialists within the Differential Treatment Model has been revised by Center staff.

Training project assessment procedures include a number of systematic and relatively objective measures of program impact on trainees and their parent agencies. Performance tests are utilized, as are pre-post questionnaires aimed at evaluating trainees and atmosphere in agencies. Ratings on trainees and/or agencies are made by trainees, their supervisors and administrators, and by Center staff. Evaluation procedures have been carried out in the following areas: Training evaluation by trainees; changes in trainees' content knowledge and integration, technical skills, attitudes and job performance; evaluation of trainees' ability and potential as trainers; and predisposition to use the newly learned material. Points of impact between the Differential Treatment training content and agency organization, policy, and practices have been conceptualized. An audio-recorded five-interview test assesses the trainee's diagnostic accuracy 1 year after completion of training. Implementation and training indices developed from questionnaire data are used to assess the extent of Differential Treatment training and programming in participating agencies.

Extensive training has been conducted by trainees on return to their parent agencies. The most extensive has been conducted by six interagency Training Teams in California. Participating agencies have received training which had been requested and the teams are no longer functioning.

The training appears to have had great personal and professional impact on a significant number of participants. Data in this area are rather "soft" since promotions, job changes and new personal commitments must be viewed through a complex of factors. These "testimonial" data, while not scientifically respectable, are meaningful additional payoffs for the Center staff.

The final report of Phase I of the Training Center, completed in the summer of 1970, includes a large part of the training curricula in detail. Lecture-discussion materials are available on audiotape. Prototype diagnostic interviews with the various delinquent subtypes are also available from the Center. All curricula are being prepared in videotape format. The video package will include approximately 37 hours of lecture material and some 20 illustrative diagnostic interviews. The video package and the final report of Phase II will be available in January 1974. Inquiries should be addressed to Human Learning Systems, Inc.

In addition to project publications, a large number of papers have been presented at professional meetings and conferences. Many more requests for these presentations are received than can be handled by the staff. Visitors from all over the world are frequent.

Mental Health Training for Law Enforcement Officers

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MH-10448
1966–1969

The main objective of this project was to provide professionally oriented training and guidance to law enforcement agencies in the areas of alcoholism, suicidal behavior, mental illness, drug abuse, and sexual deviance.

The program began July 1, 1966, and ended June 30, 1970. In that period, 50 upper-echelon police officers from throughout the country received extensive training during 2-week seminars. The International Association of Chiefs of Police assisted in gaining the cooperation of police departments who sent officers having a voice in departmental policies. The seminar's faculty was also nationally drawn and primarily represented the social sciences, jurisprudence, and psychiatry. All of them were experts in at least one of the five topic areas.

The training program was unique in several ways. Although the police are heavily involved with these five behavioral problems, very little discussion and analysis of them have taken into consideration the policeman's perspective. The seminars allowed the police and experts to exchange ideas and formulate ways in which the police might better deal with persons suffering from these conditions. Thus the meetings were more than a simple pedagogical experience. The officers were asked to put their knowledge into action by developing policies which would not only make them better law enforcers, but also able to help people exhibiting these behavioral conditions.

The seminars laid a foundation from which informational and training brochures on alcoholism, suicidal behavior, sexual deviance, drug abuse, and mental illness could be developed. These publications present an overview of current knowledge of these conditions and especially focus on information crucial for the law enforcement officer. More importantly, they present ways in which departments may more effectively respond to these problems. The brochures are unusual in that they represent a synthesis of many different professional orientations. Also, they constitute a source of material that police departments are not typically exposed to and were designed specifically for the police. In short, they fill a void in the mental health literature, which has essentially ignored law enforcement agencies. The response to the first publication, *Alcohol, Alcoholism, and Law Enforcement,* has been quite favorable, and a number of departments have taken steps to adopt the detoxification center's model outlined in the brochure. There have been over 500 requests for this document. The other four brochures are entitled, *Suicidal Behavior and Law Enforcement; Mental Illness and Law Enforcement; Drugs, Drug Abuse, and Law Enforcement;* and *Sexual Deviance and Law Enforcement.* It is anticipated that approximately 1,000 individuals and organizations will receive each publication.

As with most experimental programs, the ideas and procedures developed are often initially viewed as radical. In the beginning, both the officers and the experts (who were typically from academic institutions) expressed reservations about working with each other. However, as the program developed, both groups found that they could work together. This is extremely important since any effective program designed to help persons with these conditions necessitates the cooperation of the police and other professions. The feedback from the participating officers clearly indicates that many of their departments are developing liaisons with other relevant community agencies.

Guidelines for the Training of Correctional Officers

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**MH-9484 1964–1965

This project convened two workshops of experts representing the executive level of correctional administration, personnel training supervisors, the professions of psychiatry, psychology, social work, education and academic criminologists who were closely associated with the field of corrections. The workshops were devoted mainly to the basic issues involved in relating correctional goals and practices to the development and implementation of training programs for correctional officers. Contemporary trends and research findings in corrections were related to the changing roles and functions of the correctional officer. *Training the Correctional Officer*, containing the proceedings of the two workshops, was published.

Intern Fellowships for Field Studies in Criminology

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*MH-9579 and MH-10293 1964-1969

The program consisted of three phases: (1) Sponsorship of the graduate Intern Fellow by a member of the School of Criminology faculty and the development of a course of study, which led to a dissertational research project for the intern; (2) field placement of the intern with a public or private agency in which this research could be conducted; alternatively, the intern, with approval of his faculty sponsor, might embark on a specialized research project which did not involve placement within an outside agency, and during which laboratory work substituted for placement in a social agency; and (3) the participation by the intern in a biweekly seminar which gave him the opportunity to discuss his research progress with other members of the intern program as well as with the staff. Each intern was instructed in research techniques such as electronic data tabulation, survey techniques, questionnaire construction and research methodology. Depending upon the time available, each intern was required to make one or more original research presentations before this group and was judged by his faculty sponsor and the Intern Project director on his development, ability and technical skills.

The Seminars afforded the students the opportunity to make generalizations and comparisons between agencies other than their own.

Faculty sponsorship was seen as one of the most important aspects of the graduate student's career. Generally, faculty sponsorship of a graduate student occurs informally, whereas in the Intern Program a deliberate effort was made to "match-up" substantive areas of interest and to increase the meaningfulness of the student-teacher relationship.

Field placement of the intern consisted of observing, participating in, and experiencing the daily activities of a formal organization concerned with juvenile delinquency, crime and/or social deviance. The 15-hours per week of field placement provided the interns with an opportunity to identify and specify problems in the field and their relevance to unsolved problems in criminological literature. For many interns these problems became the basis for further research inquiries, for the real problems of the outside world cannot be accurately examined by isolating ourselves from the phenomenon.

In addition to the School's four areas of major concern (riots and civil disorders, law enforcement, drug use and abuse, and psychiatric treatment programs) staff added the following additional current concerns as possible (but not limiting) areas: Delinquency prevention programs; self-help operations (ex-convict organizations); community organization; private citizen efforts at reform, self-defense, rehabilitation; the administration of criminal justice in minority communities; neighborhood legal assistance; military justice.

Intern field experience and research fell under the following rubrics: Police-student confrontations; police roles in the criminal justice system; police-juvenile encounters and services; police and drug abuse procedures; police-crime laboratories; juvenile court and communication theory; a county's juvenile justice system; origins of juvenile court; work furlough practices in four counties; bail and/or practices; parole as a profession and career; county prosecutors; adolescent drug abuse; adolescent culture survey; female offenders; draft resistance;

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[1] For current information on the project, contact the Dean of the School of Criminology.

political crime; legal services to minority students; services to black ex-offenders; Chinese-American delinquency; third-generation Japanese Americans; Japanese American crime rates; psychotherapeutic methods; drug abuse treatment models; communication theory in treatment groups; subjectivity and criminological research; bohemian lifestyles.

Seventy-five interns were engaged in field experiences in a variety of social agencies. This had the effect of bringing the School of Criminology itself in much closer liaison with the social welfare, police, judicial, and correctional agencies in the northern California area. As a result of individual faculty supervision and sponsorship, interns and faculty were brought together in closer working relationships in areas of mutual research interest.

As of June 1973 twenty-seven Intern Fellows (36%) had completed their doctoral written and oral examinations and are presently at various stages of completing their dissertations, and 26 Fellows (35%) had completed their doctorates and become graduates of the School of Criminology. In addition, another eight (11%) expect to complete their graduate training at the end of the fall 1973 quarter. Since the project began, 45 Intern Fellows have earned their master of criminology degrees while enrolled in the field placement program.

After the completion of their academic course requirements and the successful passage of their doctoral written and oral examinations, many of the interns have returned to their former field of employment while others have found placement in new and different fields. For example, 26 Fellows have become faculty members at institutions of higher education. Forty-one of the 75 interns now have college teaching or high level research and administrative positions.

The Intern Fellows have published many research articles in learned professional journals during and directly following their residence at the School of Criminology. In addition, they have contributed to a number of publications and reports compiled by the School of Criminology in the course of its continuing research on matters of local and national concern. Many of these publications have been directly influenced and inspired by the experiences of the interns during their field placement or laboratory assignments.

Juvenile Delinquency Studies Training Program

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***MH–8318 1963–1968

This project represented an innovative attempt to provide interdisciplinary training in the area of delinquency and youth studies to trainees who enrolled for graduate degrees in traditional disciplines. Training was provided by means of classes, seminars, workshops, and field experiences in which the trainees participated in ongoing research and service activities. The specific goals of this program have been (1) the institution of a number of interdisciplinary courses and field experiences at the level of graduate education which can enrich the programs offered by the schools and departments of the university in regard to the study of youth problems and the prevention and control of juvenile delinquency; (2) a full-time 1-year interdisciplinary graduate training sequence in "problems of youth" for students in the social sciences and human service professions who wish to qualify themselves to work with socially disadvantaged youth and with delinquent populations. Areas drawn upon include psychiatry, psychology, sociology, anthropology, education, pediatrics, medicine, public health, law, religion, and social work. Full-time graduate and professional students were drawn from the various schools of the university. A certificate is granted on the successful completion of this program. The following courses were offered: (1) Behavioral Research Seminar—two semesters; (2) Group Development and Counseling—two semesters; (3) Life Styles of Youth—one semester; (4) Special Policy Planning, Implementation—one semester; (5) Utilization and Supervision of the Nonprofessional—one semester; (6) The Poor and the Potential for Employment—one semester; (7) Techniques of Rehabilitation—one semester; (8) Institutional Program for Delinquents—one semester; (9) Law and Social Change—one semester; (10) Identity and Social Intervention—one semester. The practicum consisted of supervised field work in youth programs. Each trainee spent 12 hours a week in a community agency—in most cases either a program operated by the Institute for Youth Studies (research, training or demonstration) or an agency closely affiliated with the purposes and the programs of the Institute.

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[1] Dr. Fishman can be reached at the University Research Corporation, 5530 Wisconsin Ave., Chevy Chase, Maryland 20015. For current information on the project, contact Dean Lawrence Gary, Institute for Urban Affairs and Research, Howard University, P.O. Box 191, Washington, D.C. 20001.

Training Program for Personnel in and for the Field of Juvenile Delinquency

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***MH-6252 1955–1961

This program was designed to study and evaluate methods of training clinical and nonclinical personnel in work with juvenile delinquents and their families. A second purpose was the study and evaluation of inservice methods of training personnel already working in the field of juvenile delinquency. The program consisted of didactic training and field experience comprised of a series of lectures and seminars. Inservice training programs were established for juvenile probation officers, personnel from homes for unwed mothers, and police.

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ALCOHOLISM AND DRUG ABUSE PERSONNEL

Educational Program for Alcoholism Counselors

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***MH-11054* 1967–1970

This project is developing a 6-month training sequence for nonprofessional persons interested in becoming alcoholism counselors in various settings. The program objectives are: (1) to develop teaching techniques and teaching material for an intensive education program designed to prepare nonprofessionals to work effectively with alcoholic patients and (2) to develop techniques of selection of students for this program. To date, 75 trainees, (50 of them sponsored by this Grant) have completed the program.

The educational backgrounds of the trainees ranged from high school equivalency certificate holders through 4 years of college. The target population has included emotionally mature social drinkers, abstainers or recovering alcoholics who have proven themselves to be people-oriented, with an interest in playing a role in habilitation or rehabilitation of the alcoholic. They must display some evidences of social and/or economic accomplishment (past or present)

The following facilities have been significant in their cooperation in the training program: the Baltimore City Health Department's Alcoholism Center, The Johns Hopkins School of Public Hygiene, and the Alcoholism Clinic at the Psychiatric Institute, University of Maryland. The following institutions accept students in field assignments: The Johns Hopkins Hospital, The University of Maryland Hospital, Spring Grove State Hospital, Loch Raven Veterans Hospital, United States Public Health Service Hospital, and Baltimore City Hospitals. Trainees also accompany Court Counselors (Municipal Courts) for several sittings.

Two months out of the 6-months training period are devoted to didactic lectures based on alcohol, alcoholism and the alcoholic. The next 4 months are spent in field assignments in general hospitals or State hospital Alcoholic Rehabilitation Units. Four weekends are spent in a general hospital's emergency room.

This training program has played a significant role in the development of alcoholism programs in Maryland by: (1) training manpower to back up developing programs; (2) creating a demand for alcoholism counselors; (3) stimulating "helping agencies" (hospitals, jails, etc.) to develop alcoholism programs; (4) helping to improve the general hospital's staff's attitude toward the alcoholic patient; (5) helping to improve the treatment of the alcoholic patient.

A most unique facet is the graduating (after a 6-month training period) of persons with both the ability and the capability to set up a general hospital's program and/or its quarter-way house program (under professional supervision, of course).

The program has quite an impact in organizations and systems on all levels—local, regional and national. Locally, the general hospitals are beginning to accept the alcoholic patient with a primary diagnosis of alcoholism. Three general hospitals have hired several graduates. They in turn have been instrumental in involving the staff with the alcoholic through establishing inpatient groups and outpatient clinics. Two general hospitals have established quarter-way houses.

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[1] Dr. Schneidmuhl can be reached at the Training Program for Alcoholism Counsellors, 1620 McElderry St., Baltimore, Md. 21205.

A graduate was invited to participate in the National Highway Safety Program, spring 1970, at the University of Michigan.

The community colleges of the area are interested in setting up courses on alcohol education and alcoholism counseling. The community schools are inviting staff and graduates to help in planning alcoholism education programs. As a result, it is hoped that an information, referral and/or counseling center will be established in a "facility barren" area shortly. Project staff members are working with the school and representatives from the mayor's office and from one State senator's office.

Locally, several community projects are being funded for alcoholism programs but only to hire health aides on levels I or II. Program graduates have offered their services to train health aides in the field of alcoholism during "crash training sessions" (45 hours).

As a result of interest generated through the program, The Johns Hopkins School of Hygiene (of which the Project Director is a staff member) recently offered an elective course on alcoholism with the Alcoholism Center's staff members, graduates of the training program, plus authorities from various disciplines serving as lecturers. The student body of this elective course included those from Scotland, India, Philippines, Puerto Rico and the United States.

On a national level, the National Council on Alcoholism has invited a staff member to serve as co-chairman of the Alcoholism Counselor Training Programs on a national level and to participate in the establishing of guidelines for such organizations.

Graduates are filling the following positions: (1) Assistant to coordinators who are establishing programs in hospitals or quarter-way and half-way houses; (2) setting up training programs in facilities where they are employed; (3) serving as supervisors for current trainees during field placements; (4) being utilized as alcoholism/drug abuse counselors; (5) serving on advisory boards of area councils on alcoholism and alcoholism programs of private foundations, general hospitals and community colleges; (6) lecturing to staff of service and community agencies; (7) serving on faculties of summer institutes; (8) public relations.

The project staff is currently in the process of preparing a handbook for Alcoholism Counselors. A series of slides have been developed. A series of teaching tapes based on counseling and interviewing are being developed.

Staff has participated in the following conferences on alcoholism: Office of Economic Opportunity Conference, Mental Health Association Showcase Conference, Association of Allied Health Programs; all held in Washington, D.C., 1969 to 1970. Papers were presented at the North American Association of Alcoholism Programs Annual Meeting, September 1969, Vancouver, British Columbia and National Council on Alcoholism, Professional Training on Alcoholism, April 1970, Faculties of Baltimore County Teachers Association.

Training in Community Mental Health

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MH-10279 1966–1969

The Division of Community Mental Health offers a variety of training programs for professionals, pre-professional students, and community nonprofessionals active in the field of human services. The programs are individualized in approach and are intended to affect attitudes as well as knowledge and skills.

All of the training programs are *functional,* the emphasis is on *doing,* in real situations. Learning generally proceeds through

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a sequence of: orientation (techniques, conceptual framework), experience, analysis with hypothesis formation, further experience for hypothesis testing, further analysis, and so on. The trainee develops and practices a variety of roles. Social and professional concepts evolve from the trainee's work in interaction with the permanent staff.

The Division regularly works with trainees from the disciplines of nursing, social work (case work and community organization), medicine, psychiatry and education. In addition, the Division has provided special (short-term) training for public housing officials, parent groups, welfare workers, civic associations, clergymen, counselors, lawyers and others.

The Division maintains an outpatient program for persons with alcohol and drug-related problems. The program takes a community mental health approach to substance use problems. It is designed and instrumented for accountability at all stages. Students are fitted into this treatment and research program at various levels. They may do interviewing, case management, data processing and analysis tasks, case planning, interagency coordination, and field or community work deriving from particular cases or problems.

The Division also does training programs in the community, working with such agencies as East Harlem's MEND (Massive Economic Neighborhood Development), UPACA (Upper Park Avenue Community Association), and EHRC (East Harlem Redevelopment Corporation). Goals are to develop skills and knowledge in the area of substance use, assessment of individual and community problems, case management, systematization of treatment planning and procedure, case monitoring and evaluation.

The Division has three staff members placed in the child health station in the Lehman Housing Project in East Harlem, the purpose of which is to train mothers to train mothers to more fully understand and meet the developmental needs of their infants.

For a number of years the Division has sent teams to junior and senior high schools in and around New York City for preventive work. In addition to addressing issues of drug use, seminars with teachers and students have aimed at fuller communication across role and generation lines. Another goal has been the development of a cadre of teachers and students who are prepared to work for ongoing communication and curriculum development.

External programs such as those, which are essentially training programs in themselves, may also be used as training settings for some of the students from professional disciplines.

One of the features of the outpatient program for alcohol and drug users is an information system for accountability in case planning and case management. Each step of the case process, from referral to completion, is documented on instruments that codify case procedures. Most of the data on the instruments is routinely transferred to EDP cards and printed out in periodic censuses by computer. At the case level, the evaluation process is focused in the multidisciplinary Case Review which is used both to establish initial case plans and to evaluate them on followup.

The accountability system enables the agency rapidly to structure the trainee's approach to his work. Further, it monitors the trainee's performance and also serves as a model for collaborative development of individualized systems for some of the community agencies with which staff works. Such an effort serves as a training device for members of the agencies.

Over the past 7 years the Division has provided formal training for more than 700 individuals representing over 30 agencies and institutions. In addition, staff has met with or presented materials to scores of groups such as parents, community leaders, professional memberships, etc., during this period. On the average, the Division conducts 50 conferences a year involving some 200 agencies in what is both a care-delivery and a training device.

The impact of these teachings upon the trainees and their many organizations is, of course, a key question. The effects of the training programs can be judged in part by impression and in part by data collected through evaluation research.

For example, the school projects have led to changes in curriculum and organization and to what is apparently an ongoing process of institutional self-evaluation and improvement by groups of students and faculty. In several schools, surveys of the student body and faculty have shown that most regard these changes as beneficial.

In another instance, longitudinal research on a placement training program for student nurses showed that the program had positive immediate and long-term effects. Almost all the students were able to absorb the concepts and skills they were taught and this helped many to make a career decision about whether to pursue community mental health as an area of future employment. Furthermore, after they had received their diplomas and gained professional experience, most of the nurses reported that the placement training was useful to them in their present positions. This was especially true of those who entered community mental health or an allied field such as public health or psychiatric nursing.

To take a final example, a study of community residents assisted by the human service program of UPACA showed that the large majority had found their lives significantly improved in general and that most of their specific problems were being solved.

The results of these programs have thus far been heartening to the Division. Numerous professional reports and publications have emanated from this project.

Clinical Training in Alcoholism for Chaplains

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*MH-8589 1964–1969

This project began July 1, 1964 and terminated June 30, 1969. The objectives were: (1) to develop and test models for the training of ministers at several different levels in the field of alcoholism; (2) to demonstrate what can be done to more adequately prepare theological students and ministers as a community resource and workers in the clinical settings; (3) to develop curricula and technical material useful to other facilities; (4) to train a significant number of ministers and seminarians in the field of alcoholism.

A total of 1,360 clergymen completed various levels of training. In 2-day workshops held both in the local community and in the Georgian Clinic, 70 clergymen participated. In a 14-week workshop, 10 clergymen participated. The intensive 1-week orientation held in the clinical setting reached 223 clergymen. A 1-week classroom course included 852 seminary students. A clinic-based course reached 145 seminary students. Sixty clergy were trained in the clinical setting on a full-time basis from 3 to 12 months. The clinical setting for all the training was the Georgian Clinic; the Georgian Association of Pastoral Care and the State Department of Public Health cooperated. The academic material was taught by the training staff.

The significance of the project has been the development of a training model which can be used for any professional discipline to train personnel for care-taking roles with alcoholics. Clergymen trained in the program have been employed as Alcoholism Coordinators, and are widely sought as chaplains and trainers of other clergymen. The Pacific School of Alcohol Studies has used the model developed here in their NIMH Project.

The 3-year report, *Pilot Project for Clinical Training of Clergymen in the Field of Alcoholism*, was published in 1967. This presented the core curriculum of experiences used in the training. A didactic course has been developed from this which is used in teaching a course, "Pastoral Counseling of the Alcoholic and Family," at the Rutgers School of Alcohol Studies. The project report was distributed to theological seminaries, clinical chaplain supervisors, North American Association of Alcoholism Program Agency members and numerous private individuals; a total of about 3,000 have been distributed. Papers have been presented by the training staff at the Northeast Institute of Alcohol Studies, North Conway Institute, NAAAP annual meeting, Rutgers School, and Southeastern School of Alcohol Studies. The project has been presented at workshops in many States. A preliminary evaluation study indicated significant attitudinal and functional changes taking place in clergymen toward alcoholics and indicated more significant changes in the full-time internship group.

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[1] For current information on the project, contact Rev. George P. Dominick, Georgia Mental Health Institute, 1256 Briarcliff Rd., Atlanta, Georgia 30306.

Since the project's completion, the State Health Department incorporated the training staff in the training staff of the Georgia Mental Health Institute and clergy training has continued.

The project has definitely proved that the clergyman is a trainable, readily available resource in the community and can be trained as a valuable team member working with alcoholic persons.

A Psychopharmacology Training Program for Youth Workers

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***MH-8576 1965–1968

This program trained a variety of youth workers in the psychological and pharmacological correlates of drug abuse so that they would be better prepared to educate children in the dangers, as well as the psychiatric significance, of drug abuse. Groups of trainees were trained each year by means of weekly seminars. Teaching materials relating to the psychopharmacology of drug abuse suitable for nonmedical mental health personnel were developed.

Graduate Training in Alcoholism

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***MH-7460* 1961–1967

The major objectives of the program have been:

(1) To train the students in an interdisciplinary (behavioral and social science) approach in alcoholism;

(2) To train and recruit students for operating more effectively in research, clinical or academic settings either wholly or partly concerned with alcoholism;

(3) To contribute knowledge in the field of alcoholism during and after the trainee's experience in the program.

Each of these aims is directed, of course, to the over-all aim of training individuals whose future research and other activities will further the understanding of alcoholism as a social and clinical problem.

The training program began in the 1961–62 academic year and will complete its 9th year of operation in June 1970. In this period of time, 51 different graduate students in the behavioral and social sciences have graduated from the program.

The training program is a cooperative effort of the Massachusetts Division of Alcoholism, universities in the Boston area, and various field settings. Participating universities include Boston University, Brandeis, Harvard, and Tufts. Participating field settings include inpatient and outpatient alcoholism services, correctional institutions serving the drunk offender, and the Division of Alcoholism itself. The selected field settings are staffed by highly qualified researchers and clinicians competent to provide expert supervision.

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[1] Dr. Blacker can be reached at the Massachusetts Department of Public Health, 755 Boylston St., Boston, Mass. 02116.

The training program model includes weekly seminars, a field placement, and completion of an original research project. All together, the students spend from 2 to 3 days a week on the program. A unique feature of the program is the cooperative model which includes interdependence of State Government, private universities, and private field facilities.

A survey to evaluate the program was conducted on the students who were involved in the first 4 years of the program. The results of this survey indicated that over 75% of the students rated the training program model as good or excellent. The survey also showed that 72% of the individuals had worked either part-time or full-time in alcoholism. In addition the students had published approximately 35 papers in various professional journals on the subject of alcoholism. These results were extremely gratifying. It is known informally that these students and many other students since that time have also worked with alcoholism problems and have published information in this field. Of the 51 students, 10 completed doctoral dissertations on the subject of alcoholism. It is intended that a new survey of graduates will be conducted in 1970.

Because of their participation in this program, the interest generated in the faculty has led to other types of spin-offs in the universities where the faculty are teaching. For example, a member of the faculty has developed a 6-week intensive training program for about 40 6-year-program medical students at Boston University. Another faculty member has now included a basic core of readings on alcoholism which all students in the social psychology graduate programs at Harvard are required to cover.

Many of the former students are in key positions in universities and clinical programs and have been exposing new generations of students and clinicians to the subject matter of alcoholism. For example one of the former trainees in Alaska is developing a comprehensive alcoholism program for that State.

A description of the training program was made in a paper presented at the annual meeting of the American Psychiatric Association in 1967. This paper is also published in the *American Journal of Psychiatry,* 124: 12, June 1968. This paper describes in greater detail the program model as well as the results of the survey of students who had participated in the program. Reprint requests have been received in large numbers from all over the United States and the world. Many individuals have used the model of the training program to help develop their own training models with different target groups.

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MENTAL RETARDATION PERSONNEL

Psycho-Educational Research Specialists in Retardation

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***MH-8547 1966–1970

The Department of Special Education has established a training program to develop research scientists capable of working on mental health problems relating to mentally retarded children within the context of an educational setting, and to evaluate and refine the program for such training. The program of training requires 3 years to complete, culminating in a doctoral degree.

Postgraduate Interdisciplinary Training Program in Mental Retardation

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***MH-8542 1964–1967

The main objective of this postgraduate training program in Mental Retardation was to provide the opportunity for mental health professionals from key disciplines to participate in a program of co-learning as mental retardation specialists. Until this time, there had been very limited opportunities for postgraduate clinical training in any area of mental retardation. Attempts to combine learning opportunities for professionals who would later be working together were severely limited. The professional organizations in mental retardation and public health, and international health agencies, had viewed the necessity for interdisciplinary learning opportunities as an especially critical need.

The second major element of the project was to make an effort to provide limited training opportunities for significant community groups—professional, citizens, paraprofessional, who were either currently or might conceivably become involved in working with or planning for the retarded. It was, in effect, an attempt to provide a program of community education in behalf of the retarded.

The training program operated for 3 years, 1964–1967. There were 36 full-time training fellows involved from the fields of medicine, psychiatry, social work and psychology. All were fully trained professionals, who had elected to participate in this postprofessional program. The community part of the program involved the setting up of community training sessions for a large variety of groups. The major part of the training was carried on at the Mental Retardation Center of New York Medical College. Other divisions of the Medical School of Flower-Fifth Avenue Hospitals were utilized as necessary. Pertinent field trips were arranged in order to give trainees a broader perspective of services and programs for the retarded. The full-time faculty consisted of a pediatrician, psychiatrist, psychologist and social worker, assisted by a part-time faculty from education, speech pathology, and appropriate medical specialties.

The basic plan of the program was conceived as requiring a combination of academic content, multidisciplinary seminars, case demonstrations, observation, and extensive clinical practicum. The orientation of the program emphasized the needs of the total child and family and the interdisciplinary nature of all sound comprehensive programs of diagnosis, treatment, and habilitation.

The first month of the program was spent orienting the group toward the problem of mental retardation. A series of didactic lectures defining the medical, psychological, psychiatric and social aspects of mental retardation was given. This was coupled with observation of workers in these disciplines, case demonstrations and small group discussions. For certain parts of the program, such as case demonstrations and lectures, the entire training group met as a whole. For observations and smaller group discussions with individual members of the faculty, the basis for grouping was by disciplines of interdisciplinary teams.

The second month was given over to a more detailed study of the essentials of clinic team practice. The skills, contributions and functions of the separate disciplines were highlighted, and the problems of team practice in a clinic setting were dealt with. As in the first month, the teaching techniques consisted of lectures, small group discussions and observation. However, it was during this period that clinic cases were assigned to the training teams for their own study, under the close supervision of the full-time faculty members.

During the next 2 months, diagnostic and evaluation techniques received major emphasis. This was accomplished primarily through the case material assigned to the training groups, supplemented by case conferences, small group discussions, and to a lesser extent by didactic lectures. Program flexibility allowed for the introduction of material directed toward the special needs of some of the participants in the training program. This included (1) emphasis on emotional factors in growth and development of the normal child, (2) common emotional disorders of childhood, (3) interpretation of Rorschach and other projective tests, and (4) social factors in health and disease. In addition to this, it was found necessary to allocate additional time for case conferencing and case rounds. In the ensuing months, the major focus of attention was on treatment and management techniques. The most unique aspect of this project was the interdisciplinary emphasis and the quality of interdisciplinary sharing and interaction which is particularly necessary with the retarded because of the very clear interrelationship of medical, social and emotional factors that must be dealt with concurrently.

The development of this project preceded the establishment of the national program of University-affiliated Centers (PL 88–164) to be established for the purpose of providing comprehensive programs that would permit the interdisciplinary training of all professional personnel concerned with the retarded. The success of this program may have been one factor in pointing out this urgent need.

When the Center was designated as one of the University-Affiliated facilities, the experience gained from this program enabled staff to move readily into the expanded and enlarged training program in fulfilling the University-Affiliated commitment. The work with community groups was the precursor of greatly intensified activity in community programming. Many graduates have moved into important positions in teaching and program leadership. These include major staff and faculty positions in University-affiliated training programs, community mental health centers, graduate schools and important administrative positions in health and social welfare facilities.

The findings of the project have been incorporated into presentations at national professional meetings, and incorporated into training material prepared for University-Affiliated Mental Retardation Programs.

A Research Training Program in Mental Retardation

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***MH-8262 1963–1966

This research training program in mental retardation was administered by the Bureau of Child Research with training activities undertaken at Parsons State Hospital and Training Center, the University of Kansas Medical Center, and the University of Kansas. The training included basic research activities as well as research methods applicable to clinical and educational situations. Training activities were geared to full-time participation for a year, much as in an intern year, and also for research trainees who were concurrently taking academic credit courses.

The primary goal of the training was to produce candidates for research careers in the field of mental health. The subgoals for the research training plan were: (1) To train candidates in research skills applicable to areas of mental health; i.e., mental retardation, behavior disturbance, and sensory and motor handicaps; (2) To encourage candidates from fields of psychology, sociology, speech pathology and audiology and education, to undertake research careers in mental health areas; (3) To acquaint prospective researchers with an institutional research setting and conditions attendant to both laboratory and environmental research; (4) To undertake inservice research training of hospital and residential staff; (5) To develop a plan (model) for research training and for evaluating research training.

During early phases, trainees functioned as apprentices under the close and frequent supervision of staff members who shared research interests with the students. Interactions with other members of the research staff also occurred as experiments were planned and conducted. Informal discussions often led to formal meetings involving the entire staff and trainee groups at each setting. The research training seminars were arranged by the training director at each training center.

Twenty-four trainees completed at least 1 year of training and are currently employed in mental health areas. All trainees participated in experiments and many either published or prepared papers for publication during their traineeship.

The training project resulted in the development of a training model which placed each trainee under the tutorial experience of one or more senior research staff members in the research settings. The model also emphasized the placing of the trainees in the actual research operations that were ongoing in these settings. It is apparent that the amount of productivity of each trainee is directly related to the amount of time spent and the types of experiences developed by these trainees within the research programs of the respective settings. The staff found it profitable to undertake an evaluation of each trainee's progress every 6 months during the training period. In this way the training for each individual trainee and the overall training program were improved systematically.

As a means for disseminating information and for improving the skills of each trainee in writing research reports, a working paper series was instituted which was used as a means for preliminary write-ups prior to publication. It was also used to circulate information among the trainees and among the research settings, which information might lead to seminar reports and convention papers.

Training of Professional Personnel for the Rehabilitation of Mentally Retarded Children

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***MH-6327 1956-1958

This training program involved daily participation in actual diagnostic treatment and rehabilitation work in a clinic setting, including attendance at case conferences. Stress was placed by the project on a comprehensive team approach and community orientation.

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